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COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEES ON CHILDREN AND YOUTH AND

PUBLIC HEALTH AND HUMAN SERVICES

Room 400, City Hall Philadelphia, Pennsylvania Monday, March 21, 2016 10:25 a.m.

## PRESENT:

COUNCILWOMAN HELEN GYM, CO-CHAIR COUNCILWOMAN CINDY BASS, CO-CHAIR COUNCILWOMAN JANNIE L. BLACKWELL COUNCILMAN DEREK S. GREEN COUNCILMAN WILLIAM K. GREENLEE COUNCILMAN AL TAUBENBERGER

RESOLUTION 160089 - Resolution authorizing the Committee on Children and Youth and the Committee on Public Health and Human Services to conduct hearings concerning best practices followed by the Philadelphia Water Department as well as additional measures to prevent lead exposure due to household water service lines.

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2	COUNCILWOMAN GYM: Good	
3	morning, everybody. This hearing is now	
4	called to order. My name is Helen Gym.	
5	I'm the Councilwoman-at-large and Chair	
6	of the Children and Youth Committee.	
7	This is a public hearing of the joint	
8	City Council Committee on Children and	
9	Youth and Health and Human Services. The	
10	purpose of this public hearing is to hear	
11	testimony on Resolution No. 160089.	
12	We recognize the presence of	
13	Committee members, including my wonderful	
14	Co-Chair here, Councilwoman Cindy Bass,	
15	and Councilman Greenlee.	
16	The Clerk will now and,	
17	Councilwoman Bass, did you have any	
18	opening remarks you'd like to give?	
19	COUNCILWOMAN BASS: Thank you,	
20	Madam Chair. I wanted to start by	
21	welcoming everyone here today, and I	
22	think that it's going to be a very	
23	interesting hearing. I'm looking forward	
24	to getting all the testimony and to	
25	really dig deeper into some of the lead	

Page 3 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 issues that we have here in Philadelphia. There's a lot of questions, a 3 lot of information that's available, and 4 5 the questions that I really have lend to 6 the coordination of the different agencies which are responsible for doing the testing and making sure that everyone 8 9 is working well together and that we have the information that we need to make 10 11 informed decisions here on City Council on behalf of our citizens. 12 So I want to thank Councilwoman 13 14 Gym for the resolution, and looking 15 forward to the testimony. 16 COUNCILWOMAN GYM: Thank you so 17 much, Councilwoman. The Clerk will now read the 18 19 title of the resolution. 20 THE CLERK: Resolution 160089, 2.1 authorizing the Committee on Children and Youth and the Committee on Public Health 22 23 and Human Services to conduct hearings concerning best practices followed by the 2.4 25 Philadelphia Water Department as well as

Page 4 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. additional measures to prevent lead exposure due to household water service 3 lines. 5 COUNCILWOMAN GYM: Thank you 6 very much. The Clerk will please call the first witness to testify on the resolution. 8 9 THE CLERK: The first witness is the Commissioner, Debra McCarty of the 10 11 Philadelphia Water Department, followed 12 by Dr. Caroline Johnson from the Philadelphia Health Department. 13 14 (Witnesses approached witness 15 table.) 16 COUNCILWOMAN GYM: Good 17 morning, Commissioner. If you could 18 please state your name for the record and proceed with your testimony. Thank you. 19 COMMISSIONER McCARTY: Good 20 2.1 morning. My name is Debra McCarty. I'm 22 Commissioner of the Water Department, and 23 good morning, Councilwomen Gym and Bass and members of the Committee on Children 2.4 25 and Youth and Public Health and Human

Page 5 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Services. As I mentioned, I'm Debra McCarty, the Water Commissioner, and I am 3 joined by Gary Burlingame, who is our 4 5 Director of Bureau of Laboratory Services 6 for the Water Department. I am here 7 today to testify on Resolution 160089. First and foremost, let me 8 9 begin by noting that Philadelphia's drinking water is lead free and that 10 11 there are clear differences between Flint 12 and Philadelphia. Flint switched their drinking 13 14 water source, which changed the chemistry 15 of the water they were treating. Flint 16 did not have a corrosion control program 17 in place. Flint did not conduct a technical evaluation to determine the 18 impacts of such changes on the quality of 19 their drinking water. 20 2.1 Philadelphia has an 22 award-winning source water protection 23 program dedicated to protecting and preserving our drinking water sources, 2.4 25 the Delaware and the Schuylkill Rivers.

Page 6 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Philadelphia has maintained a robust corrosion control treatment program to 3 minimize lead levels in the drinking 4 5 water. Philadelphia has always made 6 decisions regarding its treatment based on the latest science and best practices. Philadelphia's water treatment facilities 8 9 have been operating for over a century and have consistently provided 10 top-quality drinking water. Philadelphia 11 12 has conducted a customer sampling program in accordance with requirements of the 13 14 federal Lead and Copper Rule since 1992. 15 Philadelphia has excellent 16 source water quality. Our 3,200 mile 17 water main system delivers safe, clean water to our customers' homes and 18 businesses, day in and day out. However, 19 customer service lines -- those are the 20 21 pipes that bring water from the main into 22 the residence -- and plumbing fixtures 23 may be made of lead or contain lead materials. Our corrosion control 2.4 25 program, as mandated by the federal law

Page 7 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. and optimized over the past two decades, 3 minimizes the release of lead from service lines, brass fixtures, and 4 5 solder, inhibiting the leaching of lead 6 into the water. The Water Department has repeatedly been recognized for providing safe drinking water to our customers by 8 9 our regulatory partners, such as the EPA, which currently recognized our leadership 10 11 in EPA's Partnership for Safe Drinking Water Coalition and our model source 12 13 water protection program. 14 Over the past few decades, lead 15 levels in Philadelphia's children have 16 significantly decreased as a result of 17 the City's education, outreach, and mitigation focused on the sources of 18 lead, including soil, paint, and water. 19 20 But there is always more to be done. 21 that reason, we are hopeful that we can 22 partner with you and your colleagues in 23 raising awareness about this important 2.4 topic. 25 As explained earlier, the risk

Page 8 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 1 2. for lead contamination arises when water passes through lead service lines, indoor 3 plumbing or faucets. If the water 4 5 doesn't have the proper anti-corrosive properties, then lead can leach into the water at this stage. To ensure our corrosion control efforts are effective, 8 9 the Water Department asked Philadelphia households at risk for lead contamination 10 11 to participate in a sampling program. 12 The Department's sampling program requires participants to perform 13 14 an in-home test. Participants are directed to run cold water with the 15 16 faucet aerator removed and then wait at 17 least six hours before filling the sample 18 bottle. We ask customers to use cold 19 water because it is most commonly used 20 for drinking and to collect water that 21 has stood in the pipes for at least six hours to capture any corrosion issues. 22 23 We also ask customers to remove the aerator because it can act as a filter, 2.4 25 catching particles of lead that

Page 9 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. accumulate in the pipe. Since this test is meant to measure the corrosive nature 3 of the water, we want the sample bottle 4 to reflect the presence of any lead 5 6 particles that put our customers at risk. To date, sampling results indicate that the Department is 8 9 effectively controlling corrosion in our customers' plumbing. This testing 10 11 protocol, most recently used during our 12 2014 sampling period, was approved by the Pennsylvania Department of Environmental 13 14 Protection, the primary agency 15 responsible for regulating drinking water 16 testing in the state. 17 Philadelphia's total testing 18 sample is actually larger than what is required by the state, since we also work 19 20 with customers directly whenever they 21 contact us about the possibility of lead in their drinking water. But we do face 22 23 challenges in regard to this issue in two 2.4 areas. 25 First, recruiting high risk,

Page 10 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. eligible customers every three years, as required by the regulations, to 3 4 participate in our sampling program; 5 secondly, raising awareness about best practices to flush home plumbing systems 6 7 on a daily basis and cleaning aerators regularly. 8 9 In 2014, the year of our most recent sampling program, we mailed over 10 11 8,000 recruitment letters to customers in pre-1950s housing, with the goal of 12 achieving a robust participation rate 13 14 that reflected homes with lead service 15 lines or home plumbing containing lead 16 solder. Our final sampling pool was 134 17 customers. While this met the state's 18 participation requirement, we want to 19 20 expand this number greatly. 2.1 There are quite a few 22 activities which the Water Department is currently pursuing to further address 23 these lead issues. Some of these 2.4 25 include:

Page 11 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Increase participation in the 3 Department's sampling program; building an address-based database which 4 inventories lead services as we learn of 5 6 them through water main construction work, service visits, and lead sampling recruitment activities; third, developing 8 9 a program to provide a financial incentive to encourage, incentivize 10 11 homeowners with lead services and/or lead 12 solder to participate in the lead and copper sampling program; fourth, for 13 14 those homeowners who have a lead service 15 line and wish to replace it, we are 16 developing a zero interest loan program to make it more manageable and affordable 17 18 for our customers to replace the lead service line; fifth, enhancing the 19 20 Department's website to include a 21 comprehensive lead information page. goal is for our customers to obtain any 22 23 information they may want from this one-stop page. We intend to have a video 2.4 25 showing customers how they can determine

Page 12 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. if they have a lead service line; sixth, revising standard contract requirements 3 for water main replacements to allow for 4 5 the replacement of the entire portion of 6 a lead water service/distribution pipe 7 with the permission of the property 8 owner. 9 We hope that as a result of this hearing, of the Department's 10 11 outreach, and of a renewed interest in the topic of lead overall, we will see a 12 surge of interest in households 13 14 participating in our 2017 sampling period 15 and an opportunity to partner with 16 Council, your many contacts throughout your constituencies, and our civic 17 18 partners to educate the public. 19 I have included with this 20 testimony a number of documents that provide some additional information about 21 22 our program. These include a summary of 23 our 2014 lead and copper results, a copy of the sampling program provided to each 2.4 25 participant in the sampling program, best

Page 13 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 practices for home plumbing, how to flush 2. 3 your plumbing, and a summary of related 4 lead reduction education activities. 5 Thank you for allowing me this 6 time to testify on this very important matter. I look forward to working with you to address this important issue, and 8 9 I'm happy to answer any questions you may 10 have. 11 COUNCILWOMAN GYM: Thank you 12 very much. I'd like to recognize the 13 14 presence of our Committee member Councilman Derek Green. 15 16 Thank you very much for your 17 testimony. 18 Are there any questions from 19 our Committee for Commissioner McCarty? 20 I'm sorry. Commissioner, were 21 your other two members with you planning to testify as well? 22 COMMISSIONER McCARTY: 23 Dr. Johnson is with the Health 2.4 25 Department, so yes.

Page 14 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COUNCILWOMAN GYM: We'll have 3 Dr. Johnson also testify. Thank you. 4 DR. JOHNSON: Good morning. 5 I'm Dr. Caroline Johnson. I'm the Acting 6 Deputy Commissioner for the Philadelphia Department of Public Health. Thank you for the opportunity to present testimony 8 9 today on Resolution No. 160089 authorizing the Committee on Children and 10 11 Youth and the Committee on Public Health 12 and Human Services to investigate best practices for water quality in 13 14 Philadelphia. 15 The Lead and Healthy Homes 16 Program is a unit within the Health 17 Department with a mission of conducting surveillance for elevated blood lead 18 19 levels among children, identifying and 20 helping to abate lead risks in the home environment of these children, and 2.1 providing primary prevention of lead 22 poisoning through education, referral, 23 and training of families about healthy 2.4 lead-safe homes. Protecting children 25

Page 15 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 from exposure to lead is important to 2. 3 lifelong good health, because the effects 4 of lead exposure cannot be corrected. 5 The Philadelphia Health 6 Department recommends that all children living in the City be tested for lead at 12 and 24 months of age. Testing is 8 9 typically performed by the child's primary healthcare provider at the time 10 11 of an annual well child visit, and all 12 results are reported to the Lead and Healthy Homes Program. Based on this 13 14 local surveillance data, more than 90 15 percent of children in Philadelphia are screened for lead, and those results are 16 17 sent on to the Health Department for action, if it's needed. 18 19 Now, if a child has an elevated blood lead level, staff from the Lead and 20 21 Healthy Homes Program will contact the family to assure that the child is under 22 23 medical care and to arrange for a home visit. During that home visit, a 2.4 25 comprehensive interview and educational

Page 16 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. session is conducted with the child's 3 caregiver and a full risk assessment of the child's home performed to identify 4 5 lead hazards. The inspector will 6 visually look for evidence of lead risk and then will also use an x-ray 7 fluorescent analyzer to test the walls, 8 9 windows, doors, door frames, painted floors, et cetera, on the inside and 10 outside of the home, looking for the 11 presence of lead. If lead is detected, 12 the program will work with families to 13 14 remediate or remove that source of lead and lower the child's risk of continued 15 16 exposure. 17 Nearly 100 percent of the time 18 a source of lead is detected by the XRF 19 analyzer during these home inspections. The source is found to be lead dust from 20 21 chipping and peeling paint. Although lead-containing paint has been banned 22 23 since 1978, Philadelphia still has many homes that have surfaces covered with 2.4 25 leaded paint, so risk to children

Page 17 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. persists. Our testing suggests that none of the lead exposure in homes of children 3 with elevated blood lead levels need be 4 5 attributed to water. At least one prior research study done in Philadelphia as 6 well as numerous studies from other locations have found none or minimal 8 9 association between children's blood lead levels and lead in tap water. 10 11 greatest association is consistently 12 shown to be the presence of lead paint or lead dust in the home. 13 14 The Centers for Disease Control and Prevention have determined that while 15 16 there is no safe level of lead, children 17 under 6 who have blood lead levels of 5 to 9 should receive caregiver education 18 and prevention counseling and should 19 receive a follow-up lead test. Children 20 with blood lead levels at or above 10 2.1 22 micrograms per deciliter should receive education, inspection, and remediation 23 services, as is done by our Lead and 2.4 25 Healthy Homes Program. Fortunately, the

Page 18 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. percentage of children with elevated 3 blood lead levels in Philadelphia has been declining. Among children being 4 5 tested for lead between the ages of 0 and 6 5 years, the proportion with a level of 10 or above has declined from 18 percent in 2003 to 1.7 percent in 2014. Among 8 9 children 0 to 5 years of age, the proportion of the population with any 10 lead level of 10 or above was 0.5 11 12 percent, and the proportion with a level of 5 or above was 2.6 percent. 13 14 Preventing lead poisoning among 15 children in Philadelphia is a major 16 priority for the Health Department. the help of local healthcare providers 17 and community partners, we will continue 18 identifying children with elevated blood 19 20 lead levels, educating families on how to 21 lower risks of exposure to lead, and mitigating sources of lead within the 22 23 home. 2.4 The Health Department wishes to 25 take this opportunity to thank everyone

Page 19 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. who has supported our lead prevention activities in the past and promoted the 3 health and well-being of our children. 4 5 Thank you very much for the 6 opportunity to testify. COUNCILWOMAN GYM: Thank you very much, Dr. Johnson. We'll move into 8 9 the question phase. The Chair recognizes Councilman 10 11 Green. 12 COUNCILMAN GREEN: Good morning. Having worked with Councilwoman 13 14 Tasco for a number of years and she was 15 the previous Chair of Public Health and 16 Human Services, I want to thank both 17 Councilwoman Bass and Councilwoman Gym for the opportunity to have this hearing, 18 this discussion this morning. And I know 19 20 over the years we've done a lot of education efforts in reference to lead 21 22 paint and the issues of lead paint, 23 considering that the City of Philadelphia has a very older housing stock, and from 2.4 25 Commissioner McCarty's testimony, we've

Page 20 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. done work in reference to the sampling of lead in the water stream and getting more 3 households to do more sampling. 4 5 I guess my question is, what 6 initiatives have occurred towards educating the public about the nature of having lead piping in their homes, which 8 9 provides the opportunities or the challenges with leaching of lead into the 10 11 water stream, to better educate the 12 citizens of the City of Philadelphia in reference to changing lead pipes in their 13 14 properties? 15 COMMISSIONER McCARTY: Debra 16 McCarty. 17 And that's one of the things we 18 realize we need to do more of, but what I can tell you is that our -- we add zinc 19 20 orthophosphate to coat the pipe. So it 21 should protect the pipes, but that's not to say that, you know, the public 22 shouldn't be better educated about what 23 to do, about the flushing, about running 2.4 25 the cold water and things like that, and

Page 21 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. we're hoping to work with you all as well as improve what we're doing. Like the 3 website, we want to get that to be more 4 5 robust. 6 COUNCILMAN GREEN: And just as 7 a follow-up, I know when we were doing the early issues of predatory lending, we 8 9 used inserts in water bills as a way to educate people about the housing 10 11 counseling agencies we have throughout 12 the City of Philadelphia. That could be 13 a way, considering we're talking water 14 and also the corrosive nature of some of 15 these lead pipes, as a way to educating 16 the public what steps they should be 17 taking, in addition to the cleansing and the cleaning information that you 18 provided in testimony, but letting people 19 20 know the impact of having an older home 21 and having lead pipes in their home and 22 how that could impact lead in the water 23 stream. 2.4 COMMISSIONER McCARTY: Yes. 25 Agreed.

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 2.
                   COUNCILWOMAN GYM: The Chair
 3
         recognizes Councilwoman Bass.
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                   COUNCILWOMAN BASS: Thank you.
 5
         Thank you, Madam Chair.
 6
                   Good morning.
                   COMMISSIONER McCARTY: Good
 8
         morning.
 9
                   COUNCILWOMAN BASS:
                                        I had a
         couple of questions for you. So,
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11
         Ms. McCarty, just going to your original
12
         statement that drinking water in
         Philadelphia is lead free. And so I
13
14
         guess I'm just -- I have a couple
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         questions on that, because it seems as if
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         we're saying it's lead free, but that
17
         there is a possibility that it might not
18
         be lead free. And so I guess, you know,
         you have a statement here that's absolute
19
20
         and you're saying it without any sort of
21
         questionable dispute whatsoever that
         Philadelphia drinking water is lead free,
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23
         and I just wanted to give you an
         opportunity to clarify that, if it needs
2.4
25
         clarification.
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Page 23 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COMMISSIONER McCARTY: Well, I can see how the confusion would be. 3 the water we produce, treat and provide 4 through our 3,200 miles of water main is 5 6 lead free. The challenge is when it gets 7 in people's homes that have a lead service and it can sit in the pipe, and 8 9 when it sits there for a long time, if there isn't that zinc orthophosphate 10 11 coating, the lead can leach into the 12 water. Water is a universal solvent, so it can leach into the water. 13 14 COUNCILWOMAN BASS: So --15 COMMISSIONER McCARTY: So 16 that's how -- I'm sorry. I didn't mean 17 to cut you off. So that's how there could be lead in the drinking water, but 18 what we provide to our customers is lead 19 20 free. 21 COUNCILWOMAN BASS: Okay. it might be, just for clarity's sake, it 22 23 might be a little bit of a clarification if we said Philadelphia's drinking water 2.4 25 is lead free up until the point of

Page 24 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. contact with residential piping, which then could possibly change what's 3 happening with the water, that it could 4 5 be contaminated once it reaches this 6 particular location; is that correct? COMMISSIONER McCARTY: Yes. Ιt could have lead in it when it's sitting 8 9 in the pipe that has lead solder or if it's a lead service line. But, again, we 10 11 work very hard to even keep those with lead solder and lead service lines from 12 having that lead levels be really high, 13 14 and we've seen it actually decline over 15 the years since we've been having our corrosion control program. So that's the 16 17 good news. We're seeing the levels come down, and we hope by getting more samples 18 and getting into more homes and educating 19 20 folks, we can drive that number even 2.1 further --22 COUNCILWOMAN BASS: Okay. 23 COMMISSIONER McCARTY: -- down 2.4 also. 25 COUNCILWOMAN BASS: And also I

Page 25 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. notice you said in your statement -- and 3 there was a couple things I have between your statement and Ms. Johnson's 4 5 statement, a couple of questions, about 6 replacing lead pipes. So there is a 7 program available or is it in development now that if I'm interested -- if I have 8 9 lead pipes in my home, I'm interested in having them replaced, that there's 10 11 funding available to do that? Is that 12 like through Basic Systems Repair, or how would that work? How does it work if 13 14 it's in operation now? 15 COMMISSIONER McCARTY: Well, 16 we're developing it. So hopefully we'll 17 be able to -- anybody who has a lead line that wants to replace it, we can 18 hopefully provide some assistance to 19 20 getting that done. Right now the details 21 aren't finalized, but that's our hope and our goal, to make it affordable for a 22 23 property owner that wants to replace their lead line. 2.4 25 COUNCILWOMAN BASS: Do we have

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 2.
         an idea when that will be available, when
         the program would be made available to
 3
 4
         residents?
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                   COMMISSIONER McCARTY: We're
 6
         hoping within the next several months.
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         It is a change to our regulation, so we
         have to go through that process, but I
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 9
         don't see many barriers to it.
                   COUNCILWOMAN BASS: So
10
11
         sometime --
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                   COMMISSIONER McCARTY:
                                           T don't.
13
         see anybody being against it either
14
         hopefully.
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                   COUNCILWOMAN BASS: Sometime in
16
         2016?
17
                   COMMISSIONER McCARTY: Oh, yes,
18
         definitely. That's our goal for sure.
19
                   COUNCILWOMAN BASS: And what
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         would you say would be the average cost
21
         on, let's just say, a typical row home in
22
         Philadelphia? What would you say the
23
         cost would be to replace lead pipes?
                   COMMISSIONER McCARTY: I could
2.4
25
         see if you're coming from the water main
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Page 27 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. to the meter, both sections, I could see it being about \$1,500 to \$2,000. 3 COUNCILWOMAN BASS: Okay. And 4 5 I ask that because if you're barely 6 making it and we offer a program that 7 says, well, we can do this great thing for you for \$1,500 to \$2,000, it may as 8 9 well be \$50,000 if you're having a very difficult time financially. So is there 10 any other assistance, grants or any other 11 12 components, that might be made available to homeowners who will qualify based on 13 14 income eligibility? 15 COMMISSIONER McCARTY: We could 16 definitely explore that. I'd be happy to 17 explore that with you. 18 COUNCILWOMAN BASS: Okav. I certainly think that that's 19 Yeah. 20 something worth exploring and looking further into. 21 22 One other question I have for 23 you was in terms of your statement about the participation in the sampling program 2.4 25 and it wasn't the participation that you

Page 28 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. were looking for and that it's a voluntary participation. 3 COMMISSIONER McCARTY: Correct. 4 5 COUNCILWOMAN BASS: And so I 6 would wonder if the Water Department has any incentives to make it a better -- a 8 program that's better participated in? 9 COMMISSIONER McCARTY: That is also one of the things we want to do. 10 11 mean, we've struggled with this for a 12 long time, and we think we've come up with something that we can provide an 13 14 incentive. So when we do our program in 15 2017, so next spring and fall, we hope to 16 have that incentive in place. We're 17 looking at a potential credit on our customers' water bills, those that 18 participate. So, yes, you're right on. 19 20 COUNCILWOMAN BASS: Well, we'd also like to -- I'm sure other members of 21 22 Council would probably like to see the 23 materials as they come out, encouraging 2.4 people to participate, and maybe we might 25 have some suggestions in terms of what

Page 29 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. would get people more inclined to 3 participate. I can tell you I don't remember seeing -- you said this was 4 5 mailed out to every Water Department 6 customer. I don't ever remember seeing 7 this particular insert. Maybe I just missed it, but I just wanted to make that 8 9 clear, that maybe people didn't see it, it didn't stand out. So we really want 10 11 to catch people's attention and get them 12 engaged in this. COMMISSIONER McCARTY: 13 14 Definitely, yes. Yes. So, yeah, we 15 welcome your input. 16 COUNCILWOMAN GYM: I'd like to 17 recognize Councilman Taubenberger who is 18 joining us today. 19 The Chair recognizes Councilman 20 Greenlee. COUNCILMAN GREENLEE: 2.1 Thank 22 you, Madam Chair. 23 Commissioner, just one question, similar to along the lines of 2.4 25 questions Councilwoman Bass was asking.

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 2.
         On the health program now, when there's a
 3
         problem, a person has a leak on their
 4
         service or whatever and there has to be
 5
         some work done, is the work that is
 6
         arranged through that program, are those
 7
         pipes lead free now that are put in
         there?
 8
 9
                   COMMISSIONER McCARTY: Oh,
10
         definitely.
11
                   COUNCILMAN GREENLEE:
                                          They all
12
         are?
13
                   COMMISSIONER McCARTY: Yes.
14
         Yes.
15
                   COUNCILMAN GREENLEE:
                                          So what
16
         you're talking about is actually more of
17
         not necessarily when there's a violation,
         but somebody wants to get those pipes
18
         replaced?
19
20
                   COMMISSIONER McCARTY: Exactly.
2.1
                   COUNCILMAN GREENLEE:
                                          That's
22
         the program you're trying to --
23
                   COMMISSIONER McCARTY: Yes.
2.4
                   COUNCILMAN GREENLEE: Okay.
25
         Thank you.
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Page 31 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COMMISSIONER McCARTY: The HELP 3 program requires that you have a notice of defect, so a leak or something like 4 5 that. 6 COUNCILMAN GREENLEE: All 7 right. Thank you. Thank you, Madam Chair. 8 9 COUNCILWOMAN GYM: The Chair 10 recognizes Councilman Green. 11 COUNCILMAN GREEN: Thank you, Madam Chair. 12 Commissioner McCarty, you said 13 14 something about the sampling and there's 15 a credit for people to participate. Can 16 you give some more perspective on that? 17 COMMISSIONER McCARTY: Well, 18 that's what we're working on. So our goal is before we start our 2017 sampling 19 20 program again, we can provide those that 21 participate an incentive, a financial incentive to participate, and we believe 22 23 we'll get better participation than the 2.4 134 we got. COUNCILMAN GREEN: And is that 25

Page 32 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. something that you anticipate putting in 3 this year's budget, that it will be part of the Water Department's budget, the 4 5 credit program, that Council will see as 6 we go through the budget process? When you talk about a financial incentive, there's going to have to be some type of 8 9 dollars associated or reduction of dollars that will normally come into the 10 11 Water Department for the sampling 12 program. So as part of this year's budget process, is that something that's 13 14 going to be in the Water Department's 15 budget that we'll be able to see the 16 dollars associated with this credit for 17 the sampling? 18 COMMISSIONER McCARTY: The issue came up subsequent to our budget 19 submittal, but we believe that we can 20 reallocate some funds to address this. 21 22 COUNCILMAN GREEN: So what I'm 23 hearing is more likely than not this program may not be fully defined until 2.4 25 after the budget process is done, and

Page 33 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. either through internal resources or some type of transfer ordinance, you'll be 3 able to identify the dollars for the 4 5 program? 6 COMMISSIONER McCARTY: Yes. 7 COUNCILMAN GREEN: Okay. 8 COUNCILWOMAN GYM: All right. 9 So, Commissioner McCarty, I had a couple of questions. Among them are -- I quess 10 11 I would start with asking, we saw some 12 numbers from your 2014 study that showed about 5 percent of the homes that you 13 14 tested -- and probably Mr. Burlingame 15 would be helpful on that, but about 5 16 percent of the homes that were tested 17 exceeded the 15 PPB rate, and of course that's with the small sample size that 18 19 you have. So when -- and at least one of 20 21 them exceeded it as high as over 100 PPBs I think was one of them that was listed 22 23 there. But I guess what then happens to 2.4 these homes? Now that you've identified 25 5 percent or so of homes that have that,

Page 34 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. what then does the Water Department do? COMMISSIONER McCARTY: So I'll 3 take a stab at it, and Gary can correct 4 5 me if I'm wrong, but basically with all 6 of the folks whose properties participate in the sampling program, we send the results back. Those that exceed 15 parts 8 9 per billion of lead levels, we reach out and try to visit the home and identify 10 what might be causing that high level. A 11 12 good number of those homes when we 13 resample and test, we don't get that high 14 value again, and we can never seem to 15 figure out what might be the cause. 16 of them it has been identified to be a 17 fixture, a faucet or something like that that has some lead in it still. But we 18 definitely reach out and try to identify 19 20 and get it corrected, if at all possible, 21 if we can identify it. 22 MR. BURLINGAME: 23 Burlingame, Laboratory Director. So for all of our customers who 2.4 25 have a concern about lead in their water,

Page 35 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. in addition to those who have participated in the regulatory sampling, 3 we go into their homes and check to see 4 5 if they have a lead service line. 6 not something everybody knows how to 7 identify a lead service line. Based on whether they have a 8 9 lead service line or not, we then design a sampling program to sample the water to 10 11 determine if they have that elevated level of lead where that lead could be 12 coming from so that we can then help to 13 14 instruct the customer on what options 15 they may have of reducing the lead. And 16 as the Commissioner said, most of the 17 time, we found -- we have not found high levels of lead from lead service lines. 18 but we found them from either the 19 20 plumbing, which could be the solder, or 21 from the faucets that may need to be 22 replaced. 23 COUNCILWOMAN GYM: Just for a little bit of clarification, I know that 2.4 25 there's been a lot of questions about

Page 36 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. what is considered a high level of lead. Does the Water Department have a sense of 3 what's considered an unsafe level of lead 4 5 in water? COMMISSIONER McCARTY: 6 We're 7 not doctors as in physicians, but, I mean, basically we recognize that no lead 8 9 level is the best, but, you know -- so that's what -- I don't know how else --10 no level of lead is good. 11 12 COUNCILWOMAN GYM: So even the 13 15 PPBs that we're looking at, that 14 that's also pretty serious. So that's 15 encompassing a slightly broader pool now. 16 Now we're not looking at maybe the 5 17 percent that exceed the 15 PPB. We could also look at the numbers that are 6 to 18 15, for example, which will encompass a 19 20 slightly broader number, is that right, of homes that could be considered with 21 lead levels that are noticeable? 22 23 COMMISSIONER McCARTY: Well, I mean, no level of lead -- I don't 2.4 ves. 25 think you'll get anyone to say any level

Page 37 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. of lead is good, and we're not here to say that it is. But what we can say is 3 the levels are very low, and water is not 4 5 the major source of lead contamination. 6 It's really in paint in the homes. 7 That's where children are highest risk. COUNCILWOMAN GYM: That's 8 9 definitely very clear, partly because the sampling study reveals that the large 10 11 percentage will be largely clear through the water lines, but I'm interested in 12 the ones that don't make that level of 13 14 clearance. So I'm looking at the number of homes which exceed standard levels and 15 16 some of them, as I mentioned, exceeded by 17 multiple times, like at least one of the houses or one percent of the houses have 18 something like over 100 parts per 19 20 billion, and that's five, six times 21 greater than what is considered even EPA standard. 22 23 So could you -- I'm interested 2.4 in the homes that -- I agree with you, I 25 understand your point that the majority

Page 38 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. of homes are coming through with a lot of clearance, but I'm interested in what's 3 happening with the homes that are not 4 5 doing that and that they are registering, 6 whether or not we consider them high or 7 not, essentially unsafe levels. COMMISSIONER McCARTY: Well, 8 9 all of -- one of the things we try to emphasize is cleaning of the aerators as 10 11 well as -- when the water has not been 12 used for some period of time, you're going to get a drink of cold water, turn 13 14 on the tap and let it run for a minute 15 and flush the line, and then you should 16 be getting water right from the water 17 main and should be lead free. 18 COUNCILWOMAN GYM: I think one of the concerns that I think the 19 Councilman raised and others here have 20 21 raised is that most people don't 22 understand the concept of flushing and 23 particularly if they are either young or new homeowners, if they are unaware that 2.4 25 their service line has high lead levels

Page 39 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 and especially if they're immigrants and 2. 3 don't speak English and are coming to this country, that we're not -- what 4 5 kinds of ways -- I mean, one of the 6 things I think is also very interesting 7 is that since 1992 the Water Department has tested or has at least identified 8 9 thousands of homes that are either built pre-1950 and/or have mains that are laid 10 11 around them that are before this, and 12 that you're able to mail to these 13 addresses. So you clearly have like a 14 mapping of possible at-risk things. 15 those like made public in some way? Are 16 we identifying what are the 17 landlord-owned versus just a homeowner 18 where we might have more ability to communicate and/or mandate disclosure, 19 20 that kind of thing? 21 COMMISSIONER McCARTY: Well, 22 again, one of the things we'd love City 23 Council's help with is reaching folks that aren't aware, and continue to be 2.4 25 open to any suggestions you all have,

Page 40 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 particularly folks that English is not 2. 3 their first language, how can we get the word out to people to recognize that they 4 5 have a lead line or lead solder. We need to get into the home to ensure that's 6 7 what they have. I mean, we're quessing. Those 8,000 properties we sent letters to 8 9 is our best guess, but getting in is when 10 we can verify. 11 COUNCILWOMAN GYM: I quess what 12 I'm wondering is is that the Water Department has frequently said that we 13 14 don't know where these homes are, and I 15 agree with that, that we don't know where 16 they are, but we do have at risk -- we do have addresses, is that correct, of 17 18 likely at-risk areas, and the Health 19 Department also has a map of data that 20 shows young people and/or adults who are 21 exposed to high levels of lead. And I guess my question is, is there any way to 22 23 integrate, overlap or share that data so 2.4 that we can get -- I mean, the biggest 25 problem that we have is that we don't

Page 41 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. understand where these homes are first, and then we could do that -- we can do 3 the outreach and targeting a lot better. 4 But minus the ability to locate these 5 6 homes and have the specific addresses, can the Water Department work with the Health Department, L&I, your current 8 9 addresses and start using its own 10 database and start mapping these homes 11 out and then work with other departments 12 to try and get the word out? Is that a 13 possibility? 14 COMMISSIONER McCARTY: 15 course. I mean, we do work very closely 16 with the Health Department, and one of 17 the things we've been doing for the last, I quess, couple of years is when a 18 19 service worker gets into a property, like 20 the meter -- if we have to change the 21 battery out on the meter, we've been noting if it's a lead service or not, and 22 23 then we're building that database so we 2.4 do know where some of these properties 25 are. But that can take time. And so any

Page 42 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. time a service worker, though, does get into a property, that's our new protocol 3 and just building the database to know 4 5 where all these properties are. 6 COUNCILWOMAN GYM: And is that 7 something that you can -- I mean, again, going back to the mapping and the 8 9 database and the specific addresses, is that something you can make public and 10 11 begin sharing with the public? 12 COMMISSIONER McCARTY: Well, I worry about -- I would want to check with 13 14 someone to make sure that we can disclose 15 something at a private property, you 16 know, at a specific address. I mean, 17 we've just always tried to respect the property owner in that regard, but, I 18 mean, we can figure it out if that's 19 20 something that's very important to you, of course. We can work with you all to 21 22 figure that out. 23 COUNCILWOMAN GYM: One more 2.4 question and then I'll pass it over to my 25 colleagues. So the Water Department has

Page 43 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. been doing a lot of unusual -- I mean, when an usual event happens like repair 3 work or main replacements might be 4 5 replaced, there's a lot of questions 6 about what then happens to lead levels. 7 Like would the disruption within the pipes or infrastructure somehow trigger 8 9 increased lead levels within homes? you taken a look at anything like that? 10 11 COMMISSIONER McCARTY: Yes, we 12 certainly have, and one of our 13 initiatives is as soon as we can, we're 14 going to be -- which I anticipate in the 15 next couple months. When we replace the 16 one section of pipe to the curb, so from 17 the water main to the curb when we're re-laying a new water main is to, with 18 the property owner's cooperation, replace 19 20 all the way into the home, so that the 21 complete -- so what we would call the lead service line from the main to the 22 23 meter gets replaced. Again, we need the 2.4 property owner's cooperation because we 25 need to get into their property, but

Page 44 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. we're hoping that we can basically begin that as soon as possible and start 3 rolling through that. 4 5 COUNCILWOMAN GYM: I think my 6 question was asking before -- and that's a great opportunity to segue into kind of solutions, but before that happens, do 8 9 you check whether the actual repair work being done by the Water Department 10 11 triggers any change in lead levels within 12 homes that are surrounding that water 13 main replacement? 14 COMMISSIONER McCARTY: We don't 15 have a specific program to do that right 16 now, but as Gary mentioned, any time a 17 property owner has concerns, we're happy to come to the property and sample. 18 19 We urge our customers to flush 20 their water, run the water, run the tap, 21 especially after we've replaced, just to 22 get particles out and things like that, 23 as well as just flush the line. COUNCILWOMAN GYM: Could I just 2.4 25 ask this clarifying question from

Page 45 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Mr. Burlingame. When there is a main 3 replacement or any kind of repair work being done outside of a property owner's 4 5 residence, is there a chance that the 6 disruption in the infrastructure could trigger increased levels of lead in a homeowner's or surrounding property's 8 9 water if that line has not been repaired or replaced or could be a lead service 10 11 line or anything like that? MR. BURLINGAME: Yes; Gary 12 13 Burlingame, Laboratory Director. 14 Very good question, and it's a 15 question that researchers and scientists 16 around the nation have been asking, what defines a disturbance of a lead line. 17 a truck was rumbling by your house, would 18 that disturb it? Does it take demolition 19 20 next door or somebody banging on your 21 lead pipe to create a disturbance? It's 22 not an easy question to answer, because the state of the lead in the lead service 23 line on the inside of the lead service 2.4 25 line will vary from home to home, from

Page 46 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. neighborhood to neighborhood. Some lead is very strongly, if you want to say, 3 glued to the lead pipe and it takes a lot 4 5 to disturb that, and some is very loosely 6 connected. The problem that we run into is that that's a research project for every 8 9 home to understand that. We could go in one day and get a high lead result and go 10 11 back the next day and there's no lead 12 there anymore. That's very typical. We're not so much focused on doing 13 14 research projects on homes, but what we 15 prefer to do is help our customers 16 understand how to avoid that lead as if 17 it were to occur in their water. 18 COUNCILWOMAN GYM: So I'm just -- maybe I'll be a little bit more 19 clear. So I think that there is -- I'm 20 not talking about trucks rumbling over a 21 street disturbing lead lines. 22 23 talking about if the Water Department were to do a major main replacement on a 2.4 25 street or if there is a breakage or

Page 47 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. rupture that we've been seeing happening 3 across the City, so in those particular 4 instances, I do not think it's the 5 responsibility of the homeowners to 6 suddenly start to do a research project 7 that they may not even be aware of has a problem. I think it's like trying to 8 9 understand is the Water Department proactively going into these areas and 10 11 aggressively testing properties that may 12 be in those high-risk regions, either your mapping or other things, and 13 14 reaching out to those homeowners on a 15 much more proactive level, not so much to 16 say, Hey, here's a \$2,000 opportunity, 17 bill/whatever, if you replace your 18 pipelines, but really we need to test your water right now because there's just 19 20 been a disruption outside, we need to 21 know if something is happening within your home that we need to be aware of. 22 23 Do you see that as being a responsibility 2.4 for the Water Department as opposed to 25 the homeowner or is this something that

Page 48 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 could be considered the Water Department 2. taking on? 3 MR. BURLINGAME: 4 Gary 5 Burlingame, Laboratory Director. 6 I think the way we've talked 7 about this nationally in Washington, DC is that all of this with lead because 8 9 it's in the customer's home, the public's home, is a shared responsibility. So 10 first thing is, we can't do anything 11 12 without the help of our customers. so public education clearly has to 13 14 increase and we have to do a better job 15 so that that is understood and we get the 16 help we need. 17 What we focus on rather than 18 testing is identifying those customers who have a lead service line and then 19 20 educating them on how they can avoid 21 ingesting any lead that may come from that lead service line through flushing 22 23 of their taps and cleaning of their aerator. So right now we're more focused 2.4 25 on educating about the solution than

Page 49 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. measuring whether lead is there on one 3 day versus another. 4 COUNCILWOMAN GYM: 5 definitely interested in educating about the solution too, and I guess what I'm 6 7 trying to understand is sometimes we have problems in being able to take the 8 9 generic. I mean, take the broad level of the City, because it's so difficult to go 10 broadly, but if we have -- and I'm being 11 very specific here. If the Water 12 Department engages in a main replacement 13 14 or there is a significant disruption, a water main break of some sort, can the 15 16 Water Department use that as an opportunity to enact for high-risk areas 17 18 a public awareness campaign and an 19 aggressive study of whether they can have that -- use that and see that as an 20 21 opportunity for action as opposed to continuing to do the broad sweep of the 22 23 City where we are getting very few 2.4 samples? 25 COMMISSIONER McCARTY: I'm not

Page 50 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. sure that there are any particular high-risk areas in the City. I mean, 3 there are -- homes built before 1950 are 4 5 at risk for having lead services. 6 we re-lay a water main and whether you 7 have a lead service or a copper, we urge our customers to flush the lines when the 8 9 water is restored. You know, the resources needed to -- after every water 10 11 main break and identifying all of the customers that suffered as a result of 12 that water main break and then who has 13 14 lead, it's a little overwhelming for me 15 right now to put my mind around how we 16 could try to get into every property. 17 Again, I think that the best way is to try to educate folks that do have lead, 18 help people figure out who has a lead 19 service and then what needs to be done if 20 21 you do to keep your family safe. 22 COUNCILWOMAN GYM: So just for 23 clarity, I'm not asking you to go into every house. I'm asking whether that's a 2.4 25 place to target a major public awareness

Page 51 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. effort, a targeted public awareness opportunity. 3 4 COMMISSIONER McCARTY: Well. 5 yes, particularly with the water main 6 re-lay, because then we find out that you 7 have a -- we're going to find out whether you have a lead service, and, yes, that's 8 9 an opportunity. And hopefully in the very near future we'll be replacing all 10 of the pipe, from the water main to the 11 property. But we're going to -- as part 12 of that effort, we need to -- some folks 13 14 might be recalcitrant to take on this 15 free pipe, and that's going to be a big 16 part of our education effort, to convince 17 them that you really should be doing 18 this. 19 COUNCILWOMAN GYM: I'll just 20 transfer it over. The Chair recognizes Councilwoman Bass. 2.1 22 COUNCILWOMAN BASS: Thank you. 23 Just a couple of quick questions. I'm assuming, but I want to 2.4 25 make clear, it's free when you all come

Page 52 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. out and test and look at everything and there's no cost to our constituents, 3 4 correct? 5 COMMISSIONER McCARTY: Correct. 6 COUNCILWOMAN BASS: Okay. As 7 far as the problem that exists with lead coming through the piping and then coming 8 9 out of our faucets, which children then drink and it may have the possibility of 10 11 contamination, I know that, Gary, you 12 mentioned that that really was where the 13 problem was. So with the program that 14 you're putting in place, is that going to 15 replace not only the piping but also the 16 faucets and where the water basically is coming out in the end where there's a 17 18 possibility of exposure? 19 COMMISSIONER McCARTY: Well, 20 the program for the lead replacement would just be the lead lines from the 21 water main to the meter. 22 23 COUNCILWOMAN BASS: So if it's coming out of the faucet -- and, Gary, 2.4 25 you just mentioned that that could be a

Page 53 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. source of contamination -- why wouldn't we take it all the way to make sure? 3 Like it doesn't make a whole lot of sense 4 5 to get rid of part of the problem. 6 want to get rid of all of the problem. 7 Am I right? COMMISSIONER McCARTY: Of 8 9 course you want to get rid of all the problem, but that is owned by the 10 11 property owner, all that piping inside the home and those faucets. Their faucet 12 might be fine. We could look at 13 14 potentially doing some sort of follow-up 15 testing after we've replaced the pipe to 16 ensure that there aren't any issues. 17 But, you know, I'm not sure how we start 18 funding replacement of plumbing in properties, inside a home. That can get 19 20 quite challenging. 21 COUNCILWOMAN BASS: Well, if 22 we're saying that we're going to replace 23 the pipe -- or we're not actually replacing it, because it would be like a 2.4 25 low interest, no interest loan program

Page 54 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. that you're working on, so that 3 homeowners will be able to replace these pipes that have lead in them; am I 4 5 correct? 6 COMMISSIONER McCARTY: Well, 7 there are two things. One is, as you mentioned, the low interest -- the no 8 9 interest loan program is what we're hoping to do, if you just -- there's no 10 11 issue, there's no water leak, you just 12 want to replace it because you have a lead line. But the other thing we're 13 14 looking at and hope to get going is when 15 we're re-laying a water main, we believe 16 that it makes sense to replace from the 17 water main all the way to the meter, so that your connection from the property to 18 the water main. And right now our 19 20 practice is to just do from the water 21 main to the curb, to the valve. But when we identify lead lines from the curb to 22 23 the meter, we urge property owners to replace that, but not all of them do. 2.4 25 And so we're going to initiate a program

Page 55 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. hopefully to continue that, replace that section of pipe at the City's cost. So 3 there are two programs. 4 5 COUNCILWOMAN BASS: I got you. 6 You know, it's a little bit crazy to me 7 that we're talking about replacing part of it up into where the meter is and to 8 9 know that there could be still a potential problem within the house where 10 the pipes are running and that -- it's 11 kind of like saying, Well, I fixed mine, 12 I don't have to do anything else, I did 13 14 what I was supposed to do. And that's 15 not the right attitude I don't think for 16 the City of Philadelphia and I think we 17 do a disservice to our constituents if we don't do more. I think we have to follow 18 it all the way through. We have to make 19 20 sure if we're really trying to fix the 21 problem, we can't fix part of it. COMMISSIONER McCARTY: I hear 22 23 you, Councilwoman, but in fact we are -from the water main to the meter is the 2.4 25 property owner's pipe. So we're already

Page 56 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. taking on part of what is the property 3 owner's responsibility. As Gary mentioned, we look at this as a shared 4 5 responsibility, so --6 COUNCILWOMAN BASS: Not to cut 7 you off, but if I'm barely making it and barely able to pay my rent or mortgage 8 9 and barely able to put food on the table and work in two jobs and, you know, 10 11 really struggling to make it and you're 12 asking me to put out \$1,500 to replace this piping and also an additional cost 13 14 possibility to replace faucets, is that 15 going to be a priority even though it's 16 very, very important, it's something that 17 I know I need to do? I hear 18 COMMISSIONER McCARTY: I mean, my heart goes out to folks 19 20 that are just getting by. That is why we 21 need to educate people what they can do. 22 You don't have to replace your lead line, 23 if you flush the line, clean your aerator. And we add the zinc 2.4 25 orthophosphate to coat the pipe to

Page 57 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. protect our customers, and the sampling 3 that we've done over the years is indicating that that program is 4 5 effective. 6 So our hope and wish is that 7 people can replace the lead lines, but we recognize that not everybody can, and the 8 9 corrosion control program and education -- I can't emphasize education 10 enough -- is our approach for folks that 11 12 just can't afford to replace their lead lines and their plumbing inside and their 13 14 fixtures and things like that. 15 COUNCILWOMAN BASS: Okay. I'll 16 yield to Councilman Green. COUNCILWOMAN GYM: The Chair 17 18 recognizes Councilman Green. 19 COUNCILMAN GREEN: Thank you, Madam Chair. 20 2.1 I'd like to follow up on your line of questioning. I guess my question 22 23 is, when you have a situation where a water main break occurs or interruption, 2.4 25 getting information on at least the

Page 58 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 homeowners on that block, you can readily 2. 3 identify whether those properties were built 1920s, 1930s or later. So it would 4 5 to me make sense to do sampling at least 6 on the block where the water main break 7 has occurred to see if any changes occurred in the lead in the system. 8 9 that kind of goes back to what I was hearing from Councilwoman Gym, Madam 10 11 Chair. The fact that there's a water 12 interruption or main break and you're talking about trying to increase the 13 14 amount of sampling in the City, why not check to see on that unit block what's 15 16 the age of the homes and do a sampling of some of those homes to see if any changes 17 18 occurred in the lead. 19 COMMISSIONER McCARTY: Well, 20 we're not going to -- I'm not sure how we would know which homes have lead services 21 22 unless we went door to door and inspected 23 those homes. I guess that's what you're 2.4 suggesting? 25 COUNCILMAN GREEN: Well, no.

Page 59 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. I'm saying you know generally homes built over -- homes that are 1920s or 1930s --3 COMMISSIONER McCARTY: 4 5 Pre-1950, right. 6 COUNCILMAN GREEN: I mean, you can make a cutoff. If it's a home that 7 was built in '50s or later or '45 and 8 9 later, less likely to have lead pipes, but homes -- like if you're in the Mount 10 11 Airy section of the City, I look at my 12 home built in 1922. You're more likely than not going to have lead pipes in the 13 14 home possibly. So if you have a main 15 break on Mount Airy Avenue or Stenton 16 Avenue or Mansfield Avenue, that block 17 you could check to see what are the age of the homes and do a sampling of those 18 homes and then communicate to the 19 20 neighbors, one, you have a water main 21 break; two, we would like to sample some of the lines on this block to see if 22 23 there's been any change in lead. 2.4 COMMISSIONER McCARTY: 25 they're in our sampling program. I mean,

Page 60 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. I think we could look at what you're suggesting, but we're not going to know 3 if there's a change in lead unless we 4 5 sampled them prior. 6 COUNCILMAN GREEN: Well, at 7 least you can offer them the opportunity to be in the sampling program because of, 8 9 one, you've had the water interruption and, two, they're being impacted by the 10 11 main break and there's another 12 opportunity for information to provide to the homeowners, especially on that block, 13 14 that we're fixing the line, how long it would take, and also we would like to do 15 16 sampling considering there was a water 17 interruption, that your service has been 18 interrupted. 19 COMMISSIONER McCARTY: Yeah, we can look at that. 20 21 COUNCILMAN GREEN: The second 22 question I have and you were talking 23 about and I was looking at your flyer, daily cleansing and running the water for 2.4 three to five minutes. Are we sending 25

Page 61 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. somewhat mixed messages? Because I've been hearing information, especially from 3 my friends in the 4 5 sustainability/conservation areas, who 6 are saying, no, if you're brushing your 7 teeth, don't leave the water running 8 because you're wasting water. So now 9 we're saying we don't want to waste water by leaving water on. If you're brushing 10 11 your teeth, turn it off, but then we're 12 also saying from a different perspective, in the morning turn on the water for 13 14 three to five minutes and later in the 15 day turn the water on for three to five 16 minutes. Doesn't that send like two 17 different messages in reference to sustainability/conservation, but then 18 also testing, making sure the pipes are 19 clean for lead? 20 COMMISSIONER McCARTY: 21 Т 22 could -- yes. Those are mixed messages, 23 I would say, but, you know, really anyone that -- when your water hasn't been used 2.4 25 for a while, it just always makes -- it's

Page 62 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. a good practice to run the line for a little bit before you take a drink or 3 before you use it for making tea or 4 5 things like that. Honestly, I do it 6 every morning and then when I come from work, if I want to get water. And it isn't a lot of water. Yes, we should be 8 9 conserving, but I think that people's health kind of has to take a priority 10 11 over maybe saving some water. 12 COUNCILMAN GREEN: I mean, I understand. I mean, your health is your 13 14 number one issue, but I guess my concern 15 is the different messages that we're 16 sending to constituents. On one end 17 we're saying we should conserve, turn your lights off when you leave a room, 18 don't run the water for long periods of 19 20 time, but then from a public health perspective, we're saying to turn the 21 22 water on, and some people may take that 23 perspective not sure which way I should 2.4 go, should I run my water or should I 25 save and conserve?

Page 63 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COMMISSIONER McCARTY: Riaht. Well, I think -- you know, I think you 3 can do both. Yes, I run my water when I 4 wake up, but I also don't run the faucet 5 6 when I'm brushing my teeth, you know, 7 because I've already run my water. So there are things we can do with low-flow 8 9 toilets and fixtures to conserve water. But running your water ensures that 10 11 you've got good water quality, whether you have a lead line or not. It's always 12 13 good to get what's in that pipe between 14 the water main and your faucet, if it's 15 been sitting for some hours, it's always 16 good to get that out and get some nice fresh water from our water main. 17 18 COUNCILMAN GREEN: I just think that we need to be cognizant of these 19 20 type of mixed messages when we do any 21 type of messaging, that we are trying to 22 be somewhat consistent in letting people know what's best for them from a 23 conservation of the City and the planet 2.4 25 as well as for their own public health.

Page 64 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COMMISSIONER McCARTY: Yes. 3 hear you. 4 COUNCILWOMAN GYM: Thank you. 5 Just for quick clarity, 6 Commissioner, I think that what we're 7 trying to say is that we don't expect everybody to just go door to door to 8 9 door. There are some very easy tactics to get information out and to build a 10 11 public awareness campaign. It can be robo calls. It could be mass letters 12 that are mailed to these houses. 13 14 doesn't require a whole lot of work on 15 the behalf of the Water Department in 16 terms of going right in, but as we're 17 working to improve our understanding of 18 how to both educate and do public awareness campaigns, that there are some 19 well-known tools that we can do to 20 21 maximize the amount of participation and to ensure that our residents are safe. 22 23 The Chair recognizes Councilman 2.4 Taubenberger. 25 COUNCILMAN TAUBENBERGER: Thank

Page 65 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. you, Madam Chair. 3 Question, and I just want some clarity on this as far as your cutoff for 4 5 lead lines, is that prior to 1950 or is 6 it deeper than that? I wasn't clear on 7 that. A house built in 1950, before 1950? 8 9 COMMISSIONER McCARTY: Right. COUNCILMAN TAUBENBERGER: 10 11 are the chances that that has lead water service and lines? 12 13 COMMISSIONER McCARTY: 14 chances are pretty good. Lead was used 15 because it lasts a long time. 16 COUNCILMAN TAUBENBERGER: Well, 17 there's reasons for it. They didn't make that up. I mean, there's a good track 18 record for that. 19 20 COMMISSIONER McCARTY: Yes. So 21 yes. 22 COUNCILMAN TAUBENBERGER: Well, 23 if you use that as sort of a cutoff, I'd 2.4 have to say to be very direct about it --25 and I'm guessing, but I think I'd be

Page 66 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. pretty close -- that probably 75 percent 3 of our housing stock was built prior to 1950 probably. I could be off a 4 5 percentage. With that being said, there's a 6 lot of houses that have lead lines. 7 you had lead lines in your house -- I 8 9 don't know if you do or you don't, but if you do, would you feel safe in drinking 10 11 the water? 12 COMMISSIONER McCARTY: actually do have a lead service line. 13 14 live in an 18 something home, 1860, 1870, and I do feel safe. I run my faucet in 15 16 the morning and drink the cold water. 17 COUNCILMAN TAUBENBERGER: 18 often should people clear the line? And to use the line flushing isn't all that 19 difficult and probably not very 20 21 expensive, although my German house Frau points to differ. If I brush my teeth, I 22 23 have to turn the water off, but that's when she's watching, because the bill 2.4 25 might be higher. But conversely, how

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 2.
         often would you suggest that we run the
         water a little longer? I mean, like
 3
         every day a little bit?
 4
 5
                   COMMISSIONER McCARTY: Oh, yes,
 6
         every day. I mean, when the water has
 7
         been sitting in your pipes for some hours
         is when you would want to -- so over
 8
 9
         night, when you're away at work, you come
         home, run the faucet for a few minutes
10
11
         before you take a drink of water.
12
         mean, flushing the toilet helps flush
         that line as well. So you don't just
13
14
         have to run the faucet.
15
                   COUNCILMAN TAUBENBERGER:
16
         Right, constant movement. Actually, to
17
         be very direct about it, I like flushing
         the line and particularly in the
18
         springtime you'll get cooler water.
19
20
                   COMMISSIONER McCARTY:
                                          Exactly,
21
         yes.
                   COUNCILMAN TAUBENBERGER:
22
23
         almost refrigerated. Not quite, but
2.4
         pretty enjoyable.
25
                   We cannot be the only city,
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Page 68 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. with that being said, in the East Coast or even in the United States that has 3 this particular problem. 4 5 COMMISSIONER McCARTY: Correct. 6 COUNCILMAN TAUBENBERGER: What. 7 are other cities doing about it, the best practices? What would you say -- who 8 9 does it the best, notifying their 10 customers? 11 COMMISSIONER McCARTY: I mean, 12 other cities do it many different ways. I don't know -- we try to learn from 13 14 other cities and just improve upon that. 15 So I always like to say that we're doing 16 the best, but we know we need to improve 17 and there are things that we can improve upon. That's why we're trying to improve 18 our education, trying to look at other 19 20 ways that we can get these lead lines 21 replaced. 22 COUNCILMAN TAUBENBERGER: And T 23 would have to agree with my colleagues and it has been said, the more we can do 2.4 25 to reach out -- and I think you would

Page 69 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. agree with it as well -- maybe through robo calls, through putting notices in 3 the bills and also telling people, 4 5 because there is also a very thrifty 6 mentality that letting any water run is 7 you're letting water escape. To be very blunt about it, letting your water run 8 9 for a minute or two is not going to add a lot to your bill, if anything. I mean, 10 it will add something, but it will be not 11 12 even pennies, less than pennies, but eventually they add up, but maybe saying 13 14 it's a good health practice just to run 15 it through. The more people know about 16 this, the better. 17 COMMISSIONER McCARTY: Yes. 18 COUNCILMAN TAUBENBERGER: Thank 19 you. 20 COUNCILWOMAN GYM: Great. Т 21 have a few final wrap-up questions. Commissioner, are child care centers in 22 23 the City tested for lead in water, for 2.4 lead exposure in the water? 25 COMMISSIONER McCARTY: Well, if

Page 70 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. they were to contact us, we'd be happy to 3 go test. 4 COUNCILWOMAN GYM: So you do 5 not proactively test child care centers? 6 Do you alert them that they need to be 7 tested? 8 DR. JOHNSON: It's not part of 9 the routine child care facility inspection in the City. 10 11 COUNCILWOMAN GYM: As we move 12 to universal pre-K, do you think it should be? 13 14 DR. JOHNSON: I think that if 15 the Water Department is happy to test, 16 we'll talk to them about it. COMMISSIONER McCARTY: 17 Great. 18 We'll work with the Health Department in 19 any way we can. Yeah. 20 COUNCILWOMAN GYM: Okay. 2.1 Great. 22 Now, the Water Department had 23 eight requests last year to have testing done and something like 25 requests. 2.4 25 That number tripled this year. Is the

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 2.
         Water Department prepared to handle
 3
         additional requests for water testing
         from the broader public?
 4
 5
                   COMMISSIONER McCARTY:
 6
         believe we are. I mean, since the
         beginning of this calendar year, we've
         had approximately 37 homes contact us,
 8
 9
         property owners, to sample, and I believe
         we ended up getting 28, into 28
10
11
         properties to date.
12
                   COUNCILWOMAN GYM:
                                       Great.
13
         Thank you. And I understand that many
14
         Philadelphia Water Department employees
15
         are part of your sampling program; is
16
         that right?
17
                   COMMISSIONER McCARTY:
                                          T think
18
         about a third to a half are employees,
19
         yes.
20
                   COUNCILWOMAN GYM: And that's
21
         partly because you know where they live
         and all that kind of stuff; is that
22
23
         accurate?
2.4
                   COMMISSIONER McCARTY:
                                          Partly
25
         because we're trying to get as many
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Page 72 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. samples as possible, as many properties 3 as possible, and that's an easy group of folks to try to participate. I mean, 4 5 that outreach that we did in 2014 and we only ended up with 134 properties that we 6 7 were able to carry all the way through. So any way we can to get people to 8 9 participate, we're trying to get them to 10 participate. 11 COUNCILWOMAN GYM: And can we 12 look -- I mean, is it possible then if we have Philadelphia Water Department 13 14 employees being part of the sampling 15 program, we could expand that to all City 16 employees, couldn't we? 17 COMMISSIONER McCARTY: Anybody 18 We had an outreach to City employees back in 2014, if I'm not 19 mistaken, an e-mail blast. 20 21 COUNCILWOMAN GYM: But they could also be notified in terms of like 22 23 based on -- you could match up addresses and other possibilities; is that right? 2.4 25 COMMISSIONER McCARTY: Sure.

Page 73 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Yeah. COUNCILWOMAN GYM: And then is 4 there any required disclosure on behalf of landlords to disclose to tenants 5 6 whether there's a lead service line? COMMISSIONER McCARTY: Not that I'm aware of currently. 8 9 COUNCILWOMAN GYM: Do you think there should be? 10 11 COMMISSIONER McCARTY: That's 12 probably a very good idea. COUNCILWOMAN GYM: And one last 13 14 thing. Have you considered -- I mean, I 15 think that the abatement program and the 16 expansion of the no interest loans is a 17 great opportunity for individuals who may want to have the line replaced, but as 18 Councilwoman Bass noted, the expense is 19 20 significant, especially for many 21 homeowners in older properties. Is there 22 a possibility or would you entertain the 23 possibility of maybe doing a tax lien where the payment could be made when the 2.4 25 home is sold, so that it functions more

Page 74 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. like a lien on the property and doesn't necessarily have to be paid all at once 3 or as another form of making something 4 5 happen and move? COMMISSIONER McCARTY: 6 Yes. COUNCILWOMAN GYM: Okav. 8 Great. 9 COMMISSIONER McCARTY: If I may add to one of the issues that 10 11 Councilwoman Bass has been mentioning, also I've been reminded that there's a 12 13 LICAP program for low-income property 14 owners that can help to replace faucets 15 and things like that. 16 COUNCILWOMAN GYM: Great. 17 And one quick question for Dr. Johnson. Could you talk a little bit 18 from a Health Department perspective 19 20 about the risk of lead exposure in water 21 to children who are ingesting formula and are using tap water or may be using tap 22 23 water as a result. Is that something that we need to particularly take a look 2.4 25 at?

Page 75 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. DR. JOHNSON: Sure. Well, since I'm representing the Health 3 Department, I would be remiss if I don't 4 5 make the statement that breastfeeding is the preferred method of feeding any child 6 and that that's what the Health Department endorses, but if it is chosen 8 9 to use formula, the recommendations now are that tap water is acceptable to mix 10 11 formula with, and the wording the way the 12 CDC basically says this is if there's concern about the potential for lead in 13 14 water, that the person mixing the formula could use bottled water to do this. 15 16 think the way we would interpret that is 17 that if a homeowner is aware of a risk for lead in their water supply, such as 18 having a lead service pipe or having been 19 20 told by the Water Department that they 21 tested for lead, then we would say to use lead-free bottled water. 22 23 COUNCILWOMAN GYM: Obviously you know our problem is is that most 2.4 25 people are unaware of whether there's

Page 76 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. lead in their water lines. 3 DR. JOHNSON: And I think 4 that's part of what Commissioner McCarty 5 was saying, is that we really need to teach people about how to recognize what 6 a lead service line looks like, what lead solder might look like, and then to 8 9 implement those precautions such as flushing, such as mixing formula with 10 11 bottled water in those particular 12 circumstances. COUNCILWOMAN GYM: 13 And then 14 when you identify children with high 15 exposures of lead and you kind of go into 16 the home and do an assessment, are your 17 folks trained to look at lead exposure in 18 water as well and do they do that on a 19 regular and routine basis? 20 DR. JOHNSON: They do not do 21 that on a regular basis, and the reason is that when our inspectors go in, it's 22 23 almost invariably the houses are coated in lead paint and have exposure or have 2.4 25 risk from the lead that's obviously

Page 77 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. there. So we don't go looking for other sources such as water or such as --3 another possible lead exposure is in 4 5 cooking pots and things might have lead 6 in them or there could be sometimes toys 7 that are imported from other parts of the world have lead in them. 8 9 So our practice is that when we -- we will test and look for lead 10 11 paint and the common exposures. If we 12 don't find it, then we would take the next step and start to look for these 13 14 other sources of lead, which water might 15 be one of, but I can tell you it almost 16 never happens. I mean, it's one in a 17 couple of hundred or something where we don't obviously have lead paint as the 18 19 source. 20 COUNCILWOMAN GYM: Right. if there is the belief that there's no 21 safe level of lead exposure, whether 22 23 water or paint based, wouldn't it be a possibility that if you're in the home 2.4 25 anyway, that you might just test the lead

Page 78 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. in the water while you're there anyway? It's hard enough to get in and why not 3 just check and rule everything out? 4 5 DR. JOHNSON: Well, I quess the 6 way to look at it would be that the paint, if we find lead paint, the likelihood that the paint is the sole 8 9 source of the lead poisoning in that child is very, very great. So that the 10 11 water, even if there were lead in it --12 and I can tell you most of the time when we have done research studies, I can 13 14 think of one that was done in 2014 where we went in and looked at children with 15 elevated lead levels and looked at lead 16 17 in their water, in that case there was none. So we really haven't been finding 18 an association between anything to do 19 20 with water and lead levels in children, but --2.1 22 COUNCILWOMAN GYM: But you're 23 not testing. 2.4 DR. JOHNSON: Well, we have. 25 We have done some studies where we did do

Page 79 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. it, but it didn't help, so we don't routinely do it. We routinely look at 3 the other surfaces in the house. 4 5 find lead there, we focus on abating that 6 and getting that out of the house. Working on the lead pipes, I guess my idea -- this whole thing is an 8 9 expensive proposition for homeowners, because if you have to repaint the house 10 11 and change the windows and redo the 12 floor, you're talking thousands and thousands and thousands of dollars. 13 14 to add on a \$2,000 bill to replace the 15 lead service line at that time probably 16 doesn't get you much bang for your buck. 17 You really need to focus on where we know lead is the source, and it's those 18 painted surfaces. That's our major 19 20 priority. 21 COUNCILWOMAN GYM: Right. 22 understand that obviously, but the City 23 is also working to upgrade its infrastructure and we do need our 2.4 25 homeowners to be -- at some point I would

Page 80 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. assume national quidelines are going to require conversion over out of -- away 3 from lead pipes entirely, and so to the 4 5 extent that we can work collaboratively 6 to figure out ways to make this a 7 solution as opposed to just having a dangerous situation anyway be seen as a 8 9 burden, we need to really be kind of 10 proactive. 11 Councilwoman Bass, do you have 12 additional questions? 13 COUNCILWOMAN BASS: Yes. T did 14 have a couple of other questions. So I was reading -- there was a 15 16 young lady in the back with a sign. 17 don't know if she's on the list to testify, but about water and fluoride and 18 formula. I don't know if I can get her 19 attention, but I didn't know -- I wanted 20 21 to read the statement on the sign and see if there was a comment. It says "2006 22 23 ADA recommended that infant formula not be used with fluorided water. 2.4 25 Philadelphia Water Department is not

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warning mothers."	
Is there	
DR. JOHNSON: That's not true	
any longer. That's been	
COUNCILWOMAN BASS: So you're	
saying that that statement is not	
correct?	
DR. JOHNSON: That is correct.	
That is not correct.	
COUNCILWOMAN BASS: Was that	
actually true at some point?	
DR. JOHNSON: A number of years	
ago there was	
COUNCILWOMAN BASS: In 2006 it	
was true?	
DR. JOHNSON: It was some	
statement about thinking about using	
it not using it if it had fluoride in	
it, but that's been reversed.	
COUNCILWOMAN BASS: Okay.	
We'll come back to that.	
Another question I had was in	
reference to child care centers, because	
early on one of our I think it was	
	Is there  DR. JOHNSON: That's not true  any longer. That's been  COUNCILWOMAN BASS: So you're  saying that that statement is not  correct?  DR. JOHNSON: That is correct.  That is not correct.  COUNCILWOMAN BASS: Was that  actually true at some point?  DR. JOHNSON: A number of years  ago there was  COUNCILWOMAN BASS: In 2006 it  was true?  DR. JOHNSON: It was some  statement about thinking about using  it not using it if it had fluoride in  it, but that's been reversed.  COUNCILWOMAN BASS: Okay.  We'll come back to that.  Another question I had was in  reference to child care centers, because

Page 82 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Councilwoman Gym who asked about child 3 care centers and if they were tested. 4 And so I'm assuming there's no state 5 regulation that's required that says that 6 we have to look at their water supply and see if there's any lead. I'm 7 assuming that there's no --8 9 DR. JOHNSON: Yeah, there's no 10 requirement. 11 COUNCILWOMAN BASS: 12 requirement. So then the question was, if 13 there's no -- well, there is no state 14 15 requirement and right now there is no 16 testing done. And I think that your statement was, Well, we'll test if the 17 18 Water Department asks us to test. So I 19 wanted to --20 DR. JOHNSON: No, no. If -- we 21 are -- we do do inspections in many child care facilities. So it wasn't if they 22 asked us. If we asked them to test for 23 us, could they handle it. I think we 2.4 25 would be willing to add it to an

Page 83 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. inspection if people felt strongly that 3 it was necessary. 4 COUNCILWOMAN BASS: Okav. 5 what people think it would be required to 6 think it's necessary? I think it's 7 necessary. I think that our parents, they rely on us for protection. 8 9 constituents rely on us that we're taking care of these particular types of matters 10 11 and that if they're sending their child 12 into a child care center, I think most 13 people would assume that it's been tested 14 for these sorts of things. And I'm not 15 sending my child into a child care center 16 in likely a very old building here in 17 Philadelphia and there is no testing, 18 question, there's no information in terms of whether this facility has any sort of 19 20 lead that comes through the water supply. And I know that most of it does come from 21 22 paint, but not having it tested at all I think is a problem. In the water supply, 23 2.4 T mean. 25 DR. JOHNSON: Okay.

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 2.
                   COUNCILWOMAN BASS:
                                        Okav?
                   DR. JOHNSON: Yeah.
                                         I mean,
 3
         we'd have to be trained in how to collect
 4
 5
         the samples, the whole process, but --
 6
                   COUNCILWOMAN BASS: Well, we
 7
         can do that, right?
 8
                   DR. JOHNSON: I don't see that
 9
         as burdensome.
                   COUNCILWOMAN BASS: So that's
10
11
         something that we could work with the
12
         different departments on, with Water and
         with Health --
13
14
                   DR. JOHNSON:
                                 Sure.
15
                   COUNCILWOMAN BASS: -- to make
16
         sure that child care centers are tested
17
         here in Philadelphia?
18
                   DR. JOHNSON: Now, remember,
         it's not all child care centers. Many of
19
20
         them are not regulated based on what
21
         their sizes are. For example, family
22
         home centers are not something subject to
23
         inspection.
2.4
                   COUNCILWOMAN BASS: And that's
25
         something that we can look at as well. I
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Page 85 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. know Councilwoman Blondell Reynolds Brown has done extensive work on that and she's 4 also done a lot of work on lead paint 5 poisoning. So that is something I'm sure 6 that we could get her support and get to 7 working on those issues as well. But whether they're in-home 8 9 child care providers or at a larger facility -- I guess I just want to make 10 11 sure. I'm not really getting a clear answer in terms of if this can be 12 something that will be a priority for the 13 14 Water Department and for the Health Department to look into child care 15 16 centers in Philadelphia and make sure that there is not lead in the water 17 18 supply that's provided to small children. 19 DR. JOHNSON: So you're asking 20 to have a water sample collected when a 21 child care facility opens? 22 COUNCILWOMAN BASS: For new and 23 existing. Tested for lead. 2.4 DR. JOHNSON: 25 COUNCILWOMAN BASS: Is that

Page 86 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. difficult or can we do it? DR. JOHNSON: I mean, I think so, but I don't know anything about 4 5 sample collection and the process. I 6 don't know whether we can require it. 7 think it would have to be voluntary on the part of the child care center since 8 9 it's not part of the state-mandated inspection. But I'm telling you, I don't 10 11 see that it would be a problem. I don't know why anyone would say no to us, but I 12 13 have to look into it. I'm happy to do 14 that for you. 15 COUNCILWOMAN BASS: We'll 16 follow up. Thank you. 17 DR. JOHNSON: Okay. 18 COUNCILWOMAN GYM: We will follow up, and we can have lots of 19 20 discussions. You know, I want us to be careful about when we are approving and 21 22 licensing child care centers -- they do 23 receive licenses -- that we take a very 2.4 proactive approach with this. 25 The Chair recognizes Councilman

Page 87 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Green. COUNCILMAN GREEN: Thank you, Madam Chair. 4 5 This kind of is a follow-up to 6 my earlier point regarding water main breaks. For those child care centers that are in buildings that are of a 8 9 certain age, it seems like for a child care center that's going to be on a 10 11 commercial corridor that's less likely to 12 have corrosive pipes because that commercial center is probably much newer 13 14 in construction, but for a child care center that's in an area that's in a home 15 16 that's been converted to a facility, 17 that's more likely that you're going to have that type of pipe. 18 19 So it doesn't -- I mean, I hear 20 reluctance, but it doesn't seem like there should be that much reluctance when 21 22 the sample of centers that would be in 23 the mix is more likely or not to have 2.4 that type of corrosive pipes would not be 25 so large. And considering the Health

Page 88 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Department's already doing lead paint, as 3 other Councilmembers have said, they are -- I mean, so there's procedures in 4 5 the way of doing it. It's just a matter 6 of working collaboratively as opposed to 7 working in silos. DR. JOHNSON: Right. 8 I agree. 9 I agree. You can certainly focus your efforts on buildings that you think are 10 11 of a certain age, yes. 12 COUNCILWOMAN GYM: Thank you 13 very much, Commissioner McCarty and 14 Dr. Johnson. I just want to very quickly 15 just emphasize the importance of the 16 public awareness campaign that we're interested in working with your 17 departments on. I think I can speak for 18 my colleagues on Council in saying that 19 20 we would be glad to partner with you on 21 such an effort, but we really do believe that this is something that needs to be 22 23 led by your departments. It just can't be left to the voluntary nature of 2.4 25 homeowners, many of whom are completely

Page 89 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. and largely unaware of it and don't have 3 access to the best science and the best 4 practices. So to the extent that we can 5 work with you, we're looking forward to 6 having you lead on this issue. So thank 7 you very much. COMMISSIONER McCARTY: Thank 8 9 you. COUNCILWOMAN GYM: The Clerk 10 11 will now call the next witness. 12 THE CLERK: Dr. Jerald Fagliano, Associate Clinical Professor 13 14 and Chair, Environmental and Occupational Health. 15 16 (Witness approached witness 17 table.) COUNCILWOMAN GYM: Hello. 18 19 Thank you very much for coming. Could 20 you please state your name for the record and proceed with your testimony. 2.1 22 DR. FAGLIANO: Good morning. 23 My name is Jerry Fagliano. I'm the Chair and Associate Clinical Professor in the 2.4 25 Department of Environmental and

Page 90 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 Occupational Health at the Dornsife 2. 3 School of Public Health at Drexel 4 University. 5 I want to thank Councilwoman Gym and other members of the Council for 6 giving me this opportunity to speak this morning. I'd like to review briefly the 8 9 timeline of events in Flint, Michigan, discuss the impact on children's lead 10 11 exposure, and then speak more generally 12 about the importance of reducing lead in children's environments and talk a little 13 14 bit about the way that lead gets into drinking water, how it's controlled 15 16 through treatment, and then offer some suggestions for continuing progress in 17 18 this area. 19 So by now, the story of Flint's water crisis is well known, so I will be 20 21 brief. But in April 2014, the City of Flint switched its drinking water source 22 23 from treated water purchased from Detroit to water from the Flint River. A year 2.4 25 prior, Flint had entered an agreement to

Page 91 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. join a new water system to be developed over the next several years, but while 3 this system was to be constructed, Flint 4 5 made the decision to use local river water on an interim basis rather than to 6 extend its purchasing of Detroit's water beyond April of 2014. 8 9 As Commissioner McCarty had pointed out, this transition was done 10 11 without proper water treatment being 12 instituted. Residents began complaining 13 about water quality very soon after the 14 switch. In the summer of 2014, Flint 15 water tested positive for bacterial 16 contamination. Subsequently increased coloration led to high levels of 17 disinfection by-products and made 18 corrosion problems worse. Concerns about 19 20 corrosiveness of the water also arose, 21 and in October of 2014, General Motors announced their plans to switch to an 22 23 alternate source of water for this 2.4 reason. 25 Local and state officials were

Page 92 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. slow to respond to increasing public 3 concerns about corrosion and other water quality issues. In the summer of 2015, 4 5 Virginia Tech researchers, led by 6 Dr. Marc Edwards, partnered with Flint residents to collect their own data on lead in the drinking water. In September 8 9 2015, this "citizen science" investigation showed that about 21 10 11 percent of tested homes had one or more 12 tap samples with lead above the U.S. Environmental Protection Agency's action 13 14 level of 15 micrograms per liter, which 15 is about double the proportion allowed to 16 be over this limit. There were a few 17 samples with extraordinarily high levels. 18 At the same time, a 19 pediatrician at Hurley Medical Center in 20 Flint, Dr. Mona Hanna-Attisha, examined data on children's blood lead levels 2.1 22 whose tests were conducted by her 23 hospital system. Her analysis showed an increase in the proportion of children 2.4 25 whose lead levels were above the CDC's

Page 93 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. reference level of 5 micrograms per deciliter when comparing children's tests 3 before versus after the water switch. 4 5 In October 2015, amid intense 6 public pressure, Flint reconnected to Detroit water. However, damage had been done. The cumulative effects of months 8 9 of pipe corrosion may take many more months to reverse, and the erosion of 10 11 public confidence in water and government officials has been severe. 12 I want to direct your attention 13 14 to the slide on the screen over there. This shows data from the State of 15 16 Michigan in the blue bars. The childhood 17 lead screening program data reports show a steady reduction in children's blood 18 lead levels over time. The light green 19 20 bars are for the City of Flint, which 21 tracks pretty much the same as the State 22 of Michigan. In 1999, at the beginning 23 of that graph, over 40 percent of Michigan's children had a blood lead 2.4 25 level over the current CDC reference

Page 94 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. level of 5 micrograms per deciliter. 3 2005, this proportion had been reduced to about 15 percent of children in Michigan 4 5 and in Flint, and by 2013, that percent was well under 5 percent. 6 So these are the Flint data which were on the previous graph, and 8 9 Dr. Hanna-Attisha's analysis of the subset of children's blood lead data from 10 11 the Hurley Medical Center showed that the 12 percentage of children above 5 micrograms per deciliter increased from about 2 and 13 14 a half percent in 2013 to about 5 percent 15 of children in 2015. In the parts of the 16 city with higher measurements of drinking 17 water lead made by Virginia Tech, these percentages went from about 4 percent to 18 about 10 percent, demonstrating a 19 20 reversal of the decades-long progress in reducing lead in children's environments 21 in the City of Flint because of the water 22 23 switch, setting back progress in this 2.4 regard by about three to six years. 25 Children's exposure to lead in

Page 95 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 Flint was noticeably impacted by the 2. 3 inadequate treatment of drinking water, and this was entirely preventable. 4 5 in drinking water, however, remains only 6 a part of the bigger picture of lead exposure in Flint and elsewhere. 7 Lead in a child's environment 8 9 may come from many sources. The most important sources of lead historically 10 11 had been tetraethyl lead in gasoline, burned in vehicles for decades, and the 12 pervasive use of lead as a pigment in 13 14 paint. Dr. David Bellinger, a prominent lead researcher, wrote recently in the 15 16 New England Journal of Medicine, quote, "One would be challenged to design a 17 18 better strategy for maximizing population exposure to a poison than to have it 19 20 emitted by a ubiquitous mobile source and 2.1 to line the surfaces of dwellings with it, " unquote. 22 23 Since exposure to lead has been so widespread, the effects of exposure in 2.4 25 children and adults are unfortunately

Page 96 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 well known. Very high lead levels can 2. 3 cause serious brain injury, kidney damage, and death, though fortunately it 4 5 is extremely rare to see exposure this 6 high now. Today, particularly for infants and children whose nervous systems are rapidly developing, it is 8 9 believed that there is no safe level of lead exposure. Even at the lowest 10 11 levels, there appears to be a measurable 12 impact on neurodevelopment. These neurologic impacts at low levels of 13 14 exposure to lead are subtle, however, and 15 have many other determinants, so the 16 specific impacts on any one child cannot 17 be readily determined. As researchers learned more and 18 more about the impacts of lead over time, 19 20 the CDC incrementally reduced the, quote, "level of concern" for lead in children 21 from 60 micrograms per deciliter of blood 22 in the 1960s, gradually to 10 micrograms 23 per deciliter in 1991. In 2012, the CDC 2.4 25 concluded that exposure to any amount of

Page 97 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. lead is of concern and, therefore, set a, quote, "reference level" of 5 micrograms 3 per deciliter to designate children with 4 5 blood lead levels at the higher end of the population exposure distribution. 6 About 97 and a half percent of children, according to national surveys, have blood 8 9 lead levels below 5 micrograms per deciliter today. 10 11 There has been remarkable 12 progress in removing lead from children's environments in the United States. 13 14 the late 1970s, almost all children had 15 blood lead levels above 10 micrograms per 16 deciliter, with an average of 15 17 micrograms per deciliter. In recent years, almost all children have blood 18 lead levels below 10 micrograms per 19 20 deciliter, with an average under 2 2.1 micrograms per deciliter. 22 The three most important 23 actions that have been responsible for this dramatic change have been, first, 2.4 25 the phasing out of lead from gasoline

Page 98 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. beginning in the late 1970s and, second, 3 the banning of lead as a pigment in 4 residential paint in 1978 and, third, the 5 systematic child screening for exposure 6 and follow-up environmental actions to ensure lead-safe or lead-free housing. 7 Other actions have also contributed to 8 9 overall progress, limits or bans on lead in consumer products, federal 10 11 requirements for corrosion control in 12 community drinking water systems, and bans on lead in solder used for drinking 13 14 water pipes in 1986 and in food cans in 1995. 15 16 Though progress has been made, 17 inequities in blood lead levels among 18 children have persisted. Living in older housing and living in poverty are strong 19 20 determinants of lead exposure, and the combination of these two factors is 2.1 22 particularly important. Consequently, 23 national surveys have shown consistently higher percentages of African American 2.4 25 children with blood lead levels above

Page 99 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. CDC's referenced concentration of 5 micrograms per deciliter compared to 3 other children. Over a third of 4 5 Philadelphia children are living in 6 poverty, and about 90 percent of the 7 housing units in Philadelphia were built before 1980, indicating a potential that 8 9 leaded paint was used in the interior. The most important source of 10 11 children's exposure to lead today, as 12 Dr. Johnson pointed out, as it has been for decades since the phaseout of lead in 13 14 gasoline, is lead in flaking paint and 15 dust in older housing. In most situations where a child has an elevated 16 17 blood lead level, lead from drinking water is a relatively minor factor. 18 However, as other sources in children's 19 20 environments are reduced, the relative 21 contribution of drinking water to the 22 average blood lead levels is likely to 23 increase. Drinking water delivered by 2.4 25 community water systems through street

Page 100 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. mains is typically free of lead, as has been pointed out. Lead gets into 3 drinking water through the corrosion of 4 5 lead service lines, the pipes that connect the street main to the building plumbing, or corrosion of lead-soldered copper piping within the building. 8 9 are several million lead service pipes in the United States and countless homes 10 11 with lead-soldered copper pipes installed before the late 1980s. 12 13 Water, a solvent, tends to 14 dissolve metals from pipes. The degree 15 of corrosion is determined by minimal 16 content, acidity and other factors, such as the amount of time that water is in 17 contact with pipes. Some of these 18 factors can be adjusted at a water 19 20 treatment plant to greatly reduce the 21 corrosive tendency of the water, typically by causing a protective mineral 22 23 barrier to form on the inside of pipes and fixtures, which effectively shields 2.4 25 the component metals from the water, and

Page 101 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. this has been pointed out earlier. 3 this is the basic strategy that's used to reduce lead exposure through the federal 4 5 Lead and Copper Rule, which was published 6 25 years ago under the Safe Drinking 7 Water Act. Under this Rule, community 8 9 drinking water systems are required to study the corrosive potential of their 10 11 source and treated waters, design and 12 implement a corrosion control plan with approval from the state regulatory 13 14 authority. The effectiveness of 15 treatment is determined through a program 16 of water testing, as has been pointed 17 out, and no more than 10 percent of samples taken in a given year are allowed 18 to have more than the EPA's action level 19 20 of 15 micrograms per liter. 21 The Philadelphia Water 22 Department reports that its tap water 23 samples have been in compliance with the lead action level requirement since 1997 2.4 25 through their corrosion control treatment

Page 102 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. that maintains acidity in a specific 3 range and adds zinc orthophosphate to 4 protect pipes. If a water system has 5 implemented state-approved corrosion 6 control but it's still not in compliance with the lead action level, then it is required by the Lead and Copper Rule to 8 9 notify all customers using language mandated in the Rule and to undertake a 10 11 program of lead service line replacement. 12 Again, that's if there's a violation of the action level. 13 14 The EPA has convened a working 15 group to develop recommendations for 16 improvement of the Lead and Copper Rule. Among other things, the group is 17 18 considering the challenge of instituting a more aggressive and systematic lead 19 20 service line replacement strategy, but 2.1 there are important costs and implementation barriers that you've 22 already discussed. However, it's 23 important to point out that even the 2.4 25 complete elimination of lead service

Page 103 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. lines would not take away the need to control water corrosion since so many 3 homes have copper water pipes soldered 4 5 with lead or fixtures that contain or are 6 soldered with lead. Fortunately, there are also steps that can be taken by individuals 8 9 and institutions to reduce the potential for exposure to lead beyond the 10 11 protection provided by corrosion control 12 treatment. Schools and other large buildings with extensive pipe networks 13 14 but relatively low water flow may be most 15 at risk of having elevated lead levels at 16 the tap. For this reason, there has been 17 a longstanding recommendation that schools put in place a program of daily 18 and seasonal tap water flushing to ensure 19 that water available to students has not 20 21 been in contact with pipes for long periods of time. 22 23 The citation that I list in my printed testimony is a guidance document 2.4 25 that was prepared by the U.S. EPA for

Page 104 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 schools to follow to flush their systems. 2. Similarly, as has been 3 discussed earlier today, residents can 4 5 follow these recommendations. One, run 6 the kitchen cold water tap a minute or two in the morning to reduce the amount of lead before using the water for 8 9 drinking or cooking. And I do that every day. I also fill a pitcher and put it in 10 11 the refrigerator so we always have a 12 supply of cold water that's been flushed. And the second recommendation 13 14 is to never use hot water taps for 15 cooking, drinking or preparing beverages, 16 and that's especially true for preparing 17 infant formula. 18 The Philadelphia Water 19 Department should continue its efforts to 20 comply effectively with the Lead and 21 Copper Rule through corrosion control 22 treatment and a program of tap water 23 sampling and testing to ensure its efficacy, and I support the proposed 2.4 25 enhancements to the testing program that

Page 105 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. was outlined by Commissioner McCarty. In the meantime, given the 3 heightened awareness of lead in drinking 4 5 water, it would be prudent for the Water 6 Department to expand their efforts to communicate what it is doing to control that exposure and provide advice to 8 9 residents on steps that can be taken in the home to further reduce potential 10 11 exposure. Schools and facility managers 12 of large buildings, particularly those built before the late 1980s, should 13 14 institute flushing programs. Day care 15 centers should also undertake flushing 16 programs to ensure that water available 17 to children has had minimal contact with 18 pipes, according to the U.S. EPA's quidance. 19 20 Thank you very much. 2.1 COUNCILWOMAN GYM: Thank you so 22 much, Professor. I appreciate it. 23 Are you aware of any other places that test water in child care 2.4 25 centers or day care centers?

Page 106 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. DR. FAGLIANO: Systematically 3 I'm not aware whether any jurisdiction has such a requirement. It's possible, 4 5 but I'm not aware. 6 COUNCILWOMAN GYM: Do you 7 believe it's important to have them be tested as part of a policy? 8 9 DR. FAGLIANO: I think more important than requiring testing would be 10 11 to distribute information about the 12 strategy for flushing the water in the morning at every day care center. Again, 13 14 it's the same kind of recommendation for 15 residences. It wouldn't necessarily 16 require testing, but if you assume that there is going to be lead present, then a 17 18 good way to ensure that there's not going to be lead in the water is to have the 19 20 water pipes, especially where they may be 21 taking water for drinking during the day, be flushed in the morning, and that would 22 23 do -- that would be an effective way to proactively ensure that there's no lead 2.4 25 in the water.

Page 107 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COUNCILWOMAN GYM: effective than a lead pipe replacement? 3 4 DR. FAGLIANO: Than a testing 5 program, because you'd still probably end 6 up with making the same kind of recommendations you would anyway. don't discourage testing. It's always a 8 9 good thing to do, but I think the most important and immediate action would be 10 11 to encourage flushing programs at day 12 care centers. 13 COUNCILWOMAN GYM: Do you feel 14 like if there is a child care center 15 that's seeking licensing, that it's 16 important that if they do have a lead pipe, that as a condition of the 17 18 licensing that they address the lead pipe as part of a facilities clearance? 19 DR. FAGLIANO: I think that's 20 21 something that should be considered as a strategy. The cost is going to be an 22 23 important consideration, of course, and who bears that cost, but it certainly 2.4 25 should be something that is considered in

Page 108 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. the licensing requirements. 3 COUNCILWOMAN GYM: And a quick 4 question. You said never use hot water 5 taps with a lead service line; is that 6 correct? DR. FAGLIANO: You should never use hot water taps for drinking ever 8 9 regardless of whether there's a lead service line or not, and the reason is 10 11 that warmer water is more corrosive than 12 cooler water. So any of the solder that's in the lead -- sorry; in the 13 14 plumbing system for the hot water would 15 be more likely to leach out in the hot 16 water than in the cold water system. 17 COUNCILWOMAN GYM: So a lot of 18 new homes have the -- next to the sink 19 they'll have a hot water tap that's right 20 there. Do you feel like that's a problem if there's a lead service line there or 2.1 22 I mean, these are these new things 23 where you can just get your hot water and instant coffee or hot tea right away. 2.4 DR. FAGLIANO: I'm not familiar 25

Page 109 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. with how those are specifically plumbed, but I think if you flush the water 3 through the piping that feeds that tap, 4 5 then I think that would be still a 6 necessary step to take. I think if you're heating it locally, heating flushed water locally, then that probably 8 9 is an okay thing to do. COUNCILWOMAN GYM: And what do 10 11 you think are the best things that 12 policy-makers like ourselves should focus 13 on in order to ensure safety, the best 14 measures that we can take a look at for 15 our residents? 16 DR. FAGLIANO: Well, I think 17 one has to think about lead exposure wholistically in all the sources when 18 you're addressing recommendations that 19 would be beneficial to children in the 20 21 City. I think being aggressive at 22 ensuring that the Water Department has an 23 effective water treatment program in place and oversight of that is important. 2.4 25 Again, the situation in Flint was an

Page 110 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. aberration, but it can happen. I don't believe that our city Water Department is 3 going to do such a thing, but I think 4 5 it's important that oversight is always 6 vigilant regarding effective treatment. And the second thing is, I think encouraging education and 8 9 encouraging information as much as possible to people who can take 10 11 individual actions to reduce their risk 12 of lead exposure is always an important 13 thing to do. 14 COUNCILWOMAN GYM: Okay. Thank 15 you very much. 16 The Chair recognizes 17 Councilwoman Bass. 18 COUNCILWOMAN BASS: Thank you. 19 I just wanted to thank you for 20 your testimony and also for the clarity that you provided, in that when the Water 21 22 Department and the Health Department were 23 here and I'm trying to get information about child care centers and what can we 2.4 25 do, it just felt as if there was sort of

Page 111 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. almost a resistance to being able to do anything, that there was nothing that can 3 be done. Just the simple fact that you 4 5 came and said flushing programs and there 6 are other things that we can do is really 7 something that I think that we should take from this hearing and try to put 8 9 into place. So I really just wanted to say 10 11 thank you so much for being willing to 12 provide alternatives in terms of what we can do for our young people and make sure 13 14 that they're safe and healthy. And, 15 again, as I stated before, I think that 16 parents really do recognize and even 17 expect that the City of Philadelphia is going to put rules and regulations into 18 place that are going to protect them, 19 20 protect their children. And so these are 21 some of the simple things that can be done to make a huge difference. 22 I feel that sometimes when we 23 have folks who have been in a position 2.4 25 for a long time, we kind of in the City

Page 112 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 of Philadelphia, we do things the way we do them because that's just the way we do 3 them and we don't think about how do we 4 5 do something differently and how do we 6 really get at a problem that exists, that 7 we know exists to some degree. There's some question in terms 8 9 of how significant this particular problem is and what should we do about 10 11 this particular issue in terms of finding 12 lead in pipes versus in existing paint on surfaces. 13 14 And so I just really appreciate 15 your testimony and bringing all this 16 information forward to us. 17 Thank you. 18 COUNCILWOMAN GYM: Thank you 19 very much. 20 The Chair recognizes Councilman 21 Taubenberger. 22 COUNCILMAN TAUBENBERGER: Thank 23 you, Madam Chair. And, Doctor, thank you so much 2.4 25 for your testimony, taking the time to

Page 113 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. develop these slides. I found it most 3 enlightening. 4 I do have a question on Page 6, 5 Paragraph 3, and that goes to what 6 Councilwoman Gym was talking about with 7 schools. Let me just read the thing to you. The question is on the very end. 8 9 "For this reason, there has been a longstanding recommendation that schools 10 11 put in place a program of daily and 12 seasonal tap water flushing to ensure that water available to students has not 13 14 been in contact with pipes for long periods of time." 15 16 My question to you as 17 scientists, what is your definition of a 18 long period of time? 19 DR. FAGLIANO: It's 20 certainly -- this is not going to be a 21 very specific answer, but several hours, 22 as people have talked about, overnight. 23 In the case of a school building, certainly first thing in the morning 2.4 25 before students get there would be

Page 114 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. important. Once there's activity in the 3 building and, you know, people are using water, then that tends to minimize the 4 5 amount of contact time. COUNCILMAN TAUBENBERGER: 6 So 7 you're saying that each water fountain should be run for a couple moments each 8 9 morning? DR. FAGLIANO: It should be, 10 11 yes. At least the ones that are used 12 primarily for -- that children access. COUNCILMAN TAUBENBERGER: For 13 14 actual drinking purposes. 15 DR. FAGLIANO: For actual 16 drinking, right. COUNCILMAN TAUBENBERGER: 17 18 Doctor, thank you very much. 19 COUNCILWOMAN GYM: Thank you so 20 much, Professor. We appreciate your 21 testimony. 22 DR. FAGLIANO: Thank you. 23 COUNCILWOMAN GYM: I will call 2.4 the next panel up. Paul Schwartz, Megan 25 DeSmedt, Jennifer Chavez, and Lucille

Page 115 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Fletcher. (Witnesses approached witness 3 4 table.) 5 COUNCILWOMAN BASS: Thank you. 6 You can please state your name for the 7 record and begin your testimony. 8 MS. DeSMEDT: Thank you. 9 name is Megan DeSmedt. I am the federal Clean Water Program Director for 10 11 PennEnvironment. And first off, I just want to thank you, members of City 12 Council, and everyone who is here today 13 14 for taking the time to listen to my 15 testimony and just consider this really 16 important matter. I think we all want to 17 make sure we're doing everything we can 18 to ensure that our drinking water here in Philadelphia is safe and we're protecting 19 20 public health and also just ensuring 21 public confidence in our drinking water as well. 22 23 PennEnvironment has about 40,000 supporters in the City of 2.4 25 Philadelphia and so I'm here testifying

Page 116 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. on their behalf and also myself as a resident of Philadelphia. 3 4 I know that we just heard from 5 others and we'll continue to hear about the really serious health effects of lead 6 7 in drinking water, especially for young children and pregnant women, so I won't 8 9 talk about that, but I think given these really serious health consequences and 10 11 also just the recent onslaught of stories in the news about lead contamination in 12 many cities all across the country, 13 14 people are understandably worried about 15 what's coming out of their taps, and I 16 think that's the thing I really want to emphasize. I think the thing that as a 17 18 person who drinks Philadelphia water and I think most of us here would agree, the 19 20 thing we're most concerned about is that 21 water that's coming out of our taps is

safe. And this public concern is not

just elsewhere, but I've had dozens of

friends and family members and neighbors

as well as PennEnvironment members reach

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Page 117 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. out to me and ask what they should be 3 doing, and right now here in Philadelphia, we've seen many news 4 5 stories that have questioned whether or 6 not the Philadelphia Water Department is using the best sampling methods and the best testing methods to really identify 8 9 the problem, and I think that's what I want to focus my testimony on. 10 11 We've heard a lot about the solutions that can be put into place when 12 lead levels are high, but I think we need 13 14 to make sure we're doing everything we 15 can to identify the problem, because if 16 we don't know there's a problem, we're 17 not going to be motivated to use those 18 solutions. 19 And the Philadelphia Water 20 Department has been a national leader on 21 several issues, from their Green City, Clean Waters program to their top-notch 22 23 drinking water treatment facilities, but if there's lead coming out of our taps, 2.4 25 then we have to do more, and I'm here

Page 118 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. today urging the Water Department to adopt the best practices for drinking 3 water testing in homes across the City, 4 5 because right now they're not using those 6 best practices. And these are things that in cities like Flint and Washington, DC where lead in drinking water has 8 9 become a really serious problem. problem was masked for too long by poor 10 11 testing methods, and a lot of those same 12 testing methods unfortunately are what we're seeing used right now in 13 14 Philadelphia. 15 Recently, the EPA's Director of 16 Groundwater and Drinking Water issued a 17 memo that gives very clear and much-needed recommendations for tap 18 sampling procedures for the purpose of 19 20 the Lead and Copper Rule, just to clarify 21 what the best practices are, and the basic idea is that we need to use 22 23 sampling methods that will most closely mimic how people actually drink water and 2.4 25 how they use water in their daily lives

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1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. to have the best chance of capturing any and all problems. 3 4 And specifically there are two 5 recommendations that the EPA makes that 6 the Philly Water Department is currently not implementing, and so these are the 7 biggest changes that we urge and think 8 9 need to be made. Number one is, the Philly Water 10 Department is instructing residents who 11 12 have their tap water tested to remove the aerators, as we heard earlier this 13 14 morning from Commissioner McCarty. And 15 the basic problem with this is that 16 aerators are basically like little kind 17 of sieves at the end of the tap, and so 18 any lead particles in the water get trapped in those aerators. If you only 19 20 remove the aerator before the sampling, 21 you're removing a potential source of 22 lead, because all those lead particles 23 that are sitting right there at the end of the tap -- normally when you fill your 2.4 25 glass up, every time you run the tap the

Page 120 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 water is passing through those lead 2. particles. That's a potential source of 3 lead in drinking water in everybody's 4 5 daily lives. If we're removing that 6 source for the testing, we're not really 7 getting the most accurate data. The second practice that the 8 9 Water Department is currently using which we recommend -- the EPA recommends not to 10 11 do is instructing residents to flush 12 their system before testing. We've heard multiple times that flushing and cleaning 13 14 your aerators, for that matter, can be 15 really good solutions to removing some of 16 the sources and some of the lead in drinking water, but if the only time 17 18 residents are flushing their systems is right before the test, we're not really 19 20 getting an accurate test to represent how much lead are people exposed. If you 21 22 don't flush your system normally, 23 flushing right before the test is masking the problem and masking what your 2.4 25 children and yourself are exposed to.

Page 121 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. And then the third recommendation is just to use wide-mouth 3 bottles, and that's just so that, again, 4 5 you can fill the bottle up with a tap 6 wide open, because that's just how most people fill their glasses, and that's also been shown to best capture the 8 9 problem, if there is a problem. So we urge the Philadelphia 10 11 Water Department to adopt these practices 12 in their sampling immediately. This will both make sure that we are really 13 14 identifying any and all problems that are 15 out there and also just instill public 16 confidence in our drinking water and that 17 we are really using the best practices 18 possible to test our water. 19 And then adequate testing is 20 not enough. So the other thing that we 21 are focused on is, we support the idea of a lot of the solutions that have been put 22 23 out there, just more public education, creating some sort of zero interest loan 2.4 25 program and other programs that would

Page 122 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. help homeowners pay for lead service line 3 and other plumbing and fixture replacement when necessary. And I think 4 5 I agree with Councilwoman Bass, we need 6 to get all sources of lead and really 7 cover all those sources, especially for people who can't afford to make these 8 9 upgrades on their own. And then the other thing that 10 11 we feel the Philadelphia Water Department 12 needs to do is just to do a better job of reaching out to their customer so they're 13 14 actually getting more people in the 15 testing protocols. I know myself, I have 16 a lead service line in my home, and I don't remember a mailing coming out in 17 18 If something was in with my bill, maybe I didn't look at it, but I think we 19 20 can do a lot more to reach out to people. 21 And I have not talked to a single person in the City who would not be very happy 22 23 to have their water tested, because they're concerned about it and they just 2.4 25 want to know what's in their drinking

Page 123 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. water. And, you know, the minimum 3 requirement is that the City test at least 50 high-risk homes, according to 4 5 the Lead and Copper Rule, which in 2014 6 the City didn't actually test 50 7 high-risk homes. So they at least need to meet that bear minimum laid out by the 8 9 law. But really there's about 50,000 homes in the City of Philadelphia with 10 11 lead service lines. So they should be 12 testing a lot more than that just to make sure, again, we're capturing all problems 13 14 that are out there. 15 So I think just to wrap up, I just want to thank you for your time and 16 consideration of this matter, and I think 17 the Philadelphia Water Department needs 18 to do everything they can and we need to 19 20 do everything we can to work with them to 21 make sure that we are truly capturing any problems that are out there and then 22 23 working together to solve those problems so that we can ensure that really truly 2.4 25 every Philadelphia resident has clean,

Page 124 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. safe, lead-free water coming out of their 3 taps. So thank you for your time. 4 5 COUNCILWOMAN BASS: Thank you 6 so much for your testimony. Before we begin, I'm going to ask, is there anyone here from the Water 8 9 Department or Health Department? Okay. Can we have you all come 10 11 a little bit forward front and center so 12 that if there are questions, that you can make yourselves available for those 13 14 questions. Thank you. 15 And you can state your name for 16 the record and begin your testimony. 17 MR. SCHWARTZ: Sure. Thank My name is Paul Schwartz, and I'm 18 with two organizations today. I'm on the 19 20 steering committee for the newly minted 21 Coalition for Lead-Free Water, which has residents from Flint, Philadelphia, 22 23 Providence, New Orleans, and Washington, DC who are confronting lead issues in 2.4 25 water. And I'm also with Water Alliance.

Page 125 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. I want to thank you for my opportunity to 3 testify today. In addition to my testimony, I also want to truncate a 4 5 little bit testimony from Dr. Marc 6 Edwards, which has been submitted to the City Council via e-mail. He's unable to be with us today. He is the Charles 8 9 Lunsford Professor of Civil Engineering at Virginia Tech and he has also 10 submitted a short bio. 11 Since 2001, Marc has worked in 12 lead contamination events, first in 13 14 Washington, DC, then in Durham, North Carolina and now in Flint. On the basis 15 16 of these experiences, he is unfortunately 17 very familiar with the systemic ways in 18 which sampling the Environmental Protection Agency compliance purposes 19 20 under the EPA Lead and Copper Rule can 2.1 make lead in water values detected during 22 sampling lower than when consumers 23 normally drink the water. The fact of the matter is that 2.4 25 PWD, according to Marc, is using sampling

Page 126 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. methods that are not consistent with the 3 letter of intent of the EPA Lead and Copper Rule. If it were a normal 4 5 situation, PWD would be cited with a 6 technical violation of the Lead and 7 Copper Rule, and Philadelphia consumers would be publicly advised that it is 8 9 unclear whether their water meets existing federal standards. 10 11 Unfortunately, it is highly unlikely that 12 this will occur because the state primacy agency in Pennsylvania and oversight 13 14 authorities at Region 3 EPA here in 15 Philadelphia have been complicit in 16 allowing such sampling methods to occur 17 for years now. This is the same 18 disturbing collusion that gave rise to the lead and water crisis in Washington, 19 20 DC and in Flint, Michigan. Clearly, the 21 status of Philadelphia water relative to the existing federal Lead and Copper Rule 22 standards is uncertain. 23 Marc is very disappointed to 2.4 25 see Philadelphia is using sampling

Page 127 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. methods that we just heard about from 3 Megan that are known to reduce lead in 4 drinking water sampling, which can 5 provide a false sense of security 6 regarding the safety of drinking water in the City. In particular, failing to sample the minimum number of homes with 8 9 lead pipe, use of aerator removal, which allowed childhood lead poisoning in 10 11 Durham, North Carolina even when 12 residents were told the city met the EPA action level, and pre-flushing, 13 14 pre-cleaning, or whatever else the water 15 utility wants to call it, pipes the night 16 before sampling, which caused harm to 17 consumers in Flint, Michigan and in Washington, DC, can all fail to find 18 water lead hazards when they exist. This 19 20 is why EPA essentially banned aerator 21 removal prior to sampling nearly a decade ago, and they have also recently advised 22 23 utilities that pre-flushing will no longer be allowed, though PWD continues 2.4 25 this practice. Of course, a failure to

Page 128 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. sample the minimum required percentage of 3 homes with lead pipe is an ever-greater 4 concern. 5 Marc sincerely hopes that PWD 6 will avoid using such sampling practices in the future and that Philadelphia residents will be branded an independent 8 9 sampling event conducted in accordance to federal requirements. 10 11 I am going to abridge most of 12 my testimony, which I have submitted in written form, to talk about three issues 13 14 that have been raised and are real 15 elephants in the middle of this room and 16 need to be addressed. I am frankly 17 disgusted with the testimony of the 18 Philadelphia Water Department and the misdirection and misleading of the 19 20 population of Philadelphia in this 21 hearing of the City Council. I will be followed by Jennifer 22 23 Chavez, who will make manifest in her testimony today some of the issues 2.4 25 related to the law, to the sampling pool,

Page 129 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. and sampling protocol. There are somewhere between 7 3 and 10 million or more lead service lines 4 5 in the nation. Some 96 million people 6 are served by water utilities that have these lead service lines. In a study done by the water industry, they said 8 9 that if sampling was done of the lead service lines in these utilities, 10 11 somewhere between 50 and 70 percent of all of these utilities would be above the 12 EPA lead action level of 15 parts per 13 14 billion. This would undoubtedly include 15 Philadelphia Water Department. 16 Second, it has been said today, 17 and I concur, that lead from paint, soil, and dust is still the primary concern for 18 most affected populations. However, this 19 has not been said: Lead in water is both 20 21 a primary source of lead for some 22 vulnerable subpopulations and is an 23 additive source across the City to other sources of lead. 2.4 25 According to the preamble in

Page 130 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. U.S. EPA's Lead and Copper Rule, quote, "As such, the total drinking water 3 contribution to overall lead levels may 4 5 range from as little as 5 percent to more 6 than 50 percent of children's total exposure." That's from drinking water. "And, more importantly, infants dependent 8 9 on formula may receive more than 85 percent of their lead from drinking 10 11 water." 12 This has not been acknowledged. This has not been vetted. This is not 13 14 common knowledge in Philadelphia or in 15 almost any other place in the country. 16 This lead is made available to 17 the water supply, not in people's private homes, not in the lead service line just 18 because there's lots of lead in them, but 19 it's made more available wherever the 20 21 lead is when the chemistry of the water becomes more corrosive in a water 22 23 system's distribution system. Additional factors such as hot weather, like during 2.4 25 the summer, or road construction or, yes,

Page 131 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. even heavy vehicles rolling down our city streets -- and, Councilmember Gym, you 3 are not wrong to make that point -- can 4 5 make the lead more available as scale, rust, and lead particles get knocked off 6 7 our old and deteriorating pipes. A national award-winning paper 8 9 by Dr. Dana Best of National Children's Hospital Center in Washington, DC and 10 11 Marc Edwards of Virginia Tech in 12 Blacksburg showed that in my city, in Washington, DC, between 2001 and 2004 13 14 when we had a cover-up of massive amounts 15 of lead, that there was a 32 to 60 16 percent increase in miscarriages, 17 spontaneous abortions and, yes, fetal 18 death due to the lead levels in drinking water across the District of Columbia. 19 20 If you want to get a sense of 21 history -- and history is very important, 22 and I speak here in the City of Brotherly 23 Love and the Quaker principle of speaking 2.4 truth to power -- don't take my word. 25 Read The Great Lead Water Pipe Disaster

Page 132 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 by Werner Troesken put out by MIT Press 2. in 2008, which traces the history of lead 3 availability in our pipes and in our 4 5 plumbing and in our faucets and our 6 fixtures. There are tens of thousands, perhaps 50,000 -- PWD doesn't really know how many -- lead service lines in 8 9 Philadelphia that connect drinking water distribution pipes to our homes. 10 11 Soluble lead and lead particles 12 are both problematic. So what is soluble That's like when you put sugar 13 14 into tea and it dissolves. And lead 15 particles are the chunks that fall off 16 the inside of the lead pipe and that accumulate, as we heard, at the aerator 17 and sometimes, just like Russian 18 roulette, will come out at random moments 19 20 every 20 or 50 or 70 times you turn on 21 the faucet and can have very concerning and high levels of lead that can make 22 23 permanent and irreversible damage, as all lead does, to infant-fed -- infants fed 2.4 25 with bottle formula. Imagine putting --

Page 133 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. you're a parent and you want to get that 3 formula into the kid. You run the water hard and hot and you feed that kid. 4 5 You're leaching much more lead and you're 6 getting much more the particles through. Here's the most critical and important point. Partial lead service 8 9 line replacements are our actual and current service line replacement program 10 11 in Philadelphia. Because many people do 12 not choose -- most people do not choose -- in Washington, DC after a lead 13 14 crisis and with subsidies in place, less 15 than 19 percent of people chose to 16 replace the private portion of their That's both because DC Water said 17 we have no lead problem, as PWD does, and 18 also because people don't have the money. 19 20 Whether it's a long-term loan program 21 with very good interest rates or not, if 22 you don't think it's a problem and you 23 don't have the money, you're not going to make that call. This is 2.4 25 disproportionately true for low-income

Page 134 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. people and people of color. 3 According to the American Water 4 Works Association, the trade association 5 of PWD and our other drinking water 6 utilities, according to their own data, 7 having a partial pipe replacement as opposed to leaving a lead line fully 8 9 intact, a full lead line, is associated with a two times increase in elevated 10 11 blood leads. Even more important, 12 comparing a partial lead line to a full lead line replacement means that you have 13 14 a four times increase in elevated blood 15 leads in the population. 16 In Washington, DC as part of a PR gimmick by DC Water in the middle of 17 18 our lead crisis, they passed a pledge to the community where they expedited --19 20 they wanted to expedite \$300 million in 21 partial pipe replacement. We stopped it at \$100 million of expenditure because it 22 was shown that -- and this is shown in 23 the scientific literature -- that partial 2.4 25 lead pipe replacement results in the

Page 135 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. galvanizing between the copper and the 3 lead of much more lead, depending on the household, for days, weeks, months or 4 5 years. This needs to be banned in 6 Philadelphia. This practice must be put 7 to a stop. 8 COUNCILWOMAN GYM: Thank you so 9 much, Mr. Schwartz. We were wondering if you could just wrap up your testimony. 10 11 We have it all here with us and it will 12 be made publicly available as well. MR. SCHWARTZ: Right. So I 13 14 just want to say one last thing, which is not about PWD but about --15 16 COUNCILWOMAN GYM: If you could 17 summarize, that would be helpful. MR. SCHWARTZ: -- but about the 18 19 state and federal apparatus. 20 It is clear, as Philadelphia 21 Water Department has said, that their 22 sampling pool and their sampling 23 techniques were approved by the state Pennsylvania Department of Environmental 2.4 25 Protection. It's clear that their

Page 136 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. sampling pool construction and their 3 sampling techniques were challenged by 4 U.S. EPA with letters to PWD saying to 5 stop those practices and with a clarity that those practices misled. 6 7 challenged the Pennsylvania Department of Environmental Protection and U.S. EPA 8 9 Region 3 to enforce the law and to enforce a violation of the Lead and 10 11 Copper Rule on the City of Philadelphia's 12 public water supply, the PWD, and to protect the health of the people of 13 14 Philadelphia. 15 I thank you for this 16 opportunity to testify. I urge you to 17 read the rest of the testimony. I turn it over to my colleague, Jennifer Chavez 18 19 from Earth Justice. 20 COUNCILWOMAN GYM: Thank you very much. And, again, this testimony 21 will be made publicly available as well. 22 23 Ms. Chavez, thank you so much. And we have your full testimony here. 2.4 25 you could help frame your comments in

Page 137 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. terms of responding to what you've already heard, that would be really 3 helpful for us. Thank you. 4 5 MS. CHAVEZ: Thank you. Thank 6 you for the opportunity and thank you for holding a hearing on this important 7 issue. I am going to touch just as 8 9 briefly as I can on the questions that were raised earlier about lead in 10 11 schools. 12 It is correct that generally 13 speaking schools are not required to 14 test. At the same time, there is a 15 federal statute that was adopted in 1988 16 to facilitate and encourage school lead 17 testing. In fact, in the City of 18 Philadelphia during the 1990s, hundreds of schools were tested, and during that 19 20 program, it was found that 20 percent of 21 the tested outlets showed high lead 22 levels, and at that point, a number of 23 water fountains were turned off. schools went to providing bottled water. 2.4 25 And then the testing program was

Page 138 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. discontinued. Today there is very little information freely available about that 3 program. And so I think that the joint 4 5 committees should further investigate and 6 ask the following questions: What were the findings of the school testing program? What remedial measures were put 8 9 into place, and are those measures still in place? What testing is being done or 10 11 evidence exists to make sure that those measures were effective, and what is 12 Pennsylvania Department of Environmental 13 14 Protection and Philadelphia Water going 15 to do to help parents understand the 16 situation with lead in their children's schools? 17 18 Now, even if schools are 19 providing alternative sources of water, 20 children are still getting lead from 2.1 drinking water in their homes. Various folks here have talked about some of the 22 23 problems with lead testing. I'm going to try to focus on things that haven't got a 2.4 25 lot of air time.

Page 139 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. It's important to keep in mind 3 that when we talk about everything to do with the Lead and Copper Rule that the 4 5 goal of this Rule is to provide maximum 6 health protection by reducing lead and 7 copper levels at the consumer taps to as close as zero as possible. The goal of 8 9 the Rule is not just to avoid exceeding the action level. It is the expressed 10 11 goal of the Rule and everything in the 12 Rule is geared toward that. 13 There are, among other things, 14 four key responsibilities that 15 Philadelphia Water has. They are 16 responsible for optimizing their 17 corrosion control to minimize lead levels at the tap. That means even if 18 Philadelphia water samples are showing 19 20 that most homes that they are testing are 21 below 15 parts per billion water, they still have a job to do, because their job 22 23 is to optimize corrosion control, to get 2.4 those levels as near to zero as possible. 25 The way that they do that -- the way that

Page 140 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. they are supposed to do that is to get a 3 continuous feedback loop from their sampling. So targeted tap sampling is 4 5 crucial. The purpose of tap sampling is 6 to target the highest risk homes. 7 once you get that feedback, Philadelphia Water Department, like other utilities, 8 9 are supposed to provide public education to people to help them understand the 10 11 situation of their lead in water. 12 purpose of public education under the Lead and Copper Rule is not just to 13 14 assure people that their water is safe. 15 The purpose is to give them accurate 16 information so that they can make 17 judgments for themselves, because as 18 Philadelphia Water mentioned, they expect 19 people to be -- to have a share in the 20 responsibility of protecting themselves. 21 So it is incumbent upon Philadelphia Water and it is a legal requirement for 22 23 them to provide accurate information. You heard discussion of the 2.4 25 testing pool and the difficulty that

Page 141 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Philadelphia Water has had in recruiting 3 customers. It is no wonder when 4 Philadelphia Water comes and sits here 5 today and the first thing that comes out 6 of the Commissioner's mouth is that 7 Philadelphia's water is free of lead. I'm going to focus a bit on the 8 9 problems with Philadelphia water sampling 10 pool. 11 Currently, Philadelphia's legal 12 requirement under the law is to sample 50 homes, just 50, in the entire system, and 13 14 those 50 are supposed to be the highest risk, homes that have lead service lines 15 16 or that have copper pipes with lead 17 solder. The Rule breaks different 18 19 classes of homes into three different 20 tiers. Tier 1 is the highest risk. 2 middle. Tier 3 is, generally speaking, 21 22 lowest risk. Over time Philadelphia's share of -- the share of Tier 1 homes in 23 Philadelphia Water's testing pool has 2.4 25 dwindled. In 2002, PWD tested 63 homes,

Page 142 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. and all but nine of those -- so 86 3 percent of those -- were Tier 1 homes. And at that point the 90th percentile of 4 5 those results was 0.013 milligrams per 6 liter, which is basically just below the action level. 7 In 2011 and 2014, by this time 8 9 you can see that the share of Tier 1 homes has dropped dramatically. In 2014, 10 11 Philadelphia Water sampled 134 homes, and 12 66 percent of those were Tier 3, low-risk 13 homes. Only 33 percent were Tier 1. Of 14 those Tier 3 homes, 40 percent of the 15 total sample pool were Tier 3 homes that 16 tested below the detection limit. 17 Basically Tier 3 low-risk homes that came out with zero values. That was 40 18 percent of Philadelphia Water's 2014 19 20 pool. 21 So you see what's happening is 22 that we're getting random Philadelphia 23 Water volunteers bringing in a whole bunch of Tier 3 homes into the pool and 2.4 25 that can dilute the results.

Page 143 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. I just want to emphasize that this is a legal requirement under the 3 Lead and Copper Rule, and so I think that 4 5 it would be important for the committees to ask not only what Philadelphia Water 6 7 is doing but what the Pennsylvania Department of the Environment is doing 8 9 after seeing that these sampling pool numbers are just completely contrary to 10 11 the Rule. 12 You've already heard about 13 pre-flushing and about aerator removal, 14 so I won't talk a lot about that, but the basic idea is that it reduces the levels 15 16 of lead in sampling results. 17 What I do want to add is that in all of these cases, EPA has made very 18 clear that these practices are contrary 19 20 to the intent of the Rule, and 21 Philadelphia Water has nonetheless 22 persisted. So I think that the 23 2.4 commission -- I'm sorry; the committees 25 should urge Philadelphia Water and

Page 144 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Pennsylvania Department of Environmental Protection to conduct an independent 4 round of tap sampling that involves 5 resident participation, targets the 6 highest homes, and ceases practices and procedures that deviate from the Lead and Copper Rule. 8 9 Thank you. 10 COUNCILWOMAN GYM: Thank you so 11 much. 12 The Chair recognizes Councilman 13 Taubenberger. 14 COUNCILMAN TAUBENBERGER: Thank 15 you, Madam Chair. 16 I do have a question for the 17 panel, and I also want to thank you for 18 taking the time to be here and giving us much-needed information on your research 19 20 and that you personally know of. 2.1 Philadelphia is not unique. It's one of the oldest cities on the East 22 23 Coast and one of the largest in the United States, and our problems are not 2.4 25 unique. What water department do you

Page 145 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. believe is doing best practices? water departments? 3 4 MS. CHAVEZ: Well, one thing I 5 can tell you is that one of EPA's premier 6 experts in corrosion control has advised that no cities, no major city, has done 7 the proper studies necessary to optimize 8 9 their corrosion control and treatment, and that includes Philadelphia Water. 10 11 COUNCILMAN TAUBENBERGER: 12 Really? 13 MS. CHAVEZ: But it's important 14 also to remember that this is not a race 15 to the bottom. Philadelphia Water is not in good company. 16 17 MR. SCHWARTZ: The name of that personnel is Dr. Michael Schock, and he's 18 19 out of the Cincinnati Office of Research 20 and Development for U.S. EPA. He's one 21 of the premier and leading figures on looking at things like corrosion control 22 23 optimization. One city that has stood out, 2.4 25 though, in terms of correcting a problem

Page 146 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. after having been found is the city of Lancing, Michigan, which over the last 3 few years has replaced all of their lead 4 5 service lines. Some of them they've 6 taken out, some of them they have 7 slip-lined by blowing a plastic tube through the service line that costs a lot 8 9 less and has made a big difference in lead levels coming down and being more 10 11 health protected. And they've done this 12 incrementally over the years, so it hasn't really bankrupted the city or 13 14 challenged the other priorities in the 15 community. 16 There are other examples like 17 Madison, Wisconsin or Bangor, Maine who 18 have also followed suit in this way. There really is a continuum of intention 19 20 and practice. I don't think it's good enough to say we're lead free and just 21 22 give a bland reassurance when so many 23 people are at risk. 2.4 COUNCILMAN TAUBENBERGER: 25 have -- and if you could answer this

Page 147 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. quickly if you know, because quickly is 3 important, but, I mean, this is also 4 common for everybody here, including our 5 Committee members. Water is very 6 important to all of us. I have a bottle 7 right here, and that's from Nestle, a big company from Switzerland. The 8 9 ingredients are actually "protected well in Bloomingville, Pennsylvania, " which is 10 11 That's interesting. But the 12 second part, which "and/or water in this bottle can come from the water supply of 13 14 Allentown, Pennsylvania from the 15 Allentown utility." I'm not sure 16 Allentown's water is really any better 17 than Philadelphia's. What assurance do we have with this? 18 19 MR. SCHWARTZ: Well, you don't 20 really have great assurance. Twenty-five 21 percent of all bottled water is municipal tap water rebottled, and it costs a heck 22 23 of a lot more, and poor and low-income people can't afford that even if it was a 2.4 25 solution.

Page 148 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Look, the reality is, though, 3 if you're pregnant, if you have a developing fetus, if you're 4 5 bottle-feeding your baby and you know you 6 got a lead service line and you got lead 7 interior plumbing, you're going to want to look for an alternative. You want to 8 9 know about water pitchers that are certified by the National Sanitation 10 11 Foundation for the removal of soluble 12 lead and of particulate lead. Very few of the pitchers are that. But people 13 14 need to know how to defend themselves. 15 We have a ten-minute flushing requirement 16 in DC. Nobody follows that --17 COUNCILWOMAN GYM: Thank you. 18 MR. SCHWARTZ: -- to make our 19 water --20 COUNCILWOMAN GYM: Thank you so 21 much. Thank you, everybody. 22 We are going to take a five-minute recess for our wonderful 23 stenographer to take a little bit of a 2.4 25 break and we will be back with the School

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 2.
         District of Philadelphia and talking
 3
         about water safety in schools. Thank you
         very much.
 4
 5
                   MR. SCHWARTZ: Thank you.
 6
                   (Short recess.)
 7
                   COUNCILWOMAN GYM: We are going
         to be back in session, and if we could
 8
 9
         have Ms. Lucille Fletcher come to the
         table for testimony. I apologize that I
10
11
         neglected --
12
                   (No response.)
                   COUNCILWOMAN GYM: When she
13
14
         comes back, we'll add her.
                   We're going to call Francine
15
16
         Locke and Jerry Roseman.
17
                   (Witnesses approached witness
18
         table.)
19
                   COUNCILWOMAN GYM: Good
20
         afternoon. Thank you so much. Welcome,
21
         and if you could just please state your
22
         name for the record and proceed with your
23
         testimony.
2.4
                   MS. LOCKE: Hi. Good morning.
25
         Francine Locke. So good morning --
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Page 150 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. actually, afternoon now. So good 3 afternoon. Thank you so much for giving me the opportunity to offer testimony 4 about the School District of 5 6 Philadelphia's Safe Drinking Water 7 Program. My name is Francine Locke and I serve as the Environmental Director for 8 9 the School District. I have been a Philadelphia 10 11 resident my entire life. I'm a School 12 District of Philadelphia K to 12 graduate -- sorry. Can you hear me now? 13 14 I'll start again. 15 So thank you for giving me the 16 opportunity to be here today. 17 appreciate it very much. So I am the Environmental Director for the School 18 19 District of Philadelphia. I've been a resident my entire life. I'm a K to 12 20 21 graduate from Philadelphia public schools, Temple graduate. My children 22 23 currently attend Philadelphia public schools at Greenberg and George 2.4 25 Washington High School.

Page 151 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. My background includes a 3 Bachelor's degree in biology from Temple University and a Master's of Science 4 5 degree in environmental health from 6 Temple also. I have worked for the City of Philadelphia as an industrial hygienist in the Office of Risk 8 9 Management, and in my current position with the District, I have served as the 10 11 Environmental Director for the Office of 12 Environmental Management and Services for 13 the past 11 years. For over a decade, I 14 have worked for large public agencies 15 that serve a diverse community of 16 stakeholders with very specific needs, 17 health disparities, and environmental 18 justice issues. 19 So my role with the School 20 District is to ensure that learning and working environments are safe and healthy 21 and conducive to teaching and learning. 22 23 This is accomplished through ensuring strict environmental regulatory 2.4 25 compliance and through developing and

Page 152 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. implementing innovative and evidence-based environmental health programs that protect our most vulnerable 4 5 and important stakeholders, our children. By collaborating with genuinely concerned partners and School District colleagues, I have been fortunate to see positive 8 9 outcomes from our environmental health programs that affect asthma, asbestos, 10 11 lead-based paint, and dampness and mold 12 in schools. This work is my passion and my duty as a citizen, public school 13 14 parent, and a public servant. There is much work to be done. 15 16 However, we can make our schools great 17 again. I believe this. As affirmed in Action Plan 3.0, every child can learn 18 and every school can be great. My role 19 is to make sure environmental health 20 2.1 issues do not get in the way of this. So I'm here today to share with 22 23 you the School District of Philadelphia's 2.4 Safe Drinking Water Program. 25 District began its Safe Drinking Water

Page 153 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Program in 1999 in response to amendments 3 to the federal Lead Contamination Control 4 Act of 1988. An official consent decree 5 was signed by the City of Philadelphia's 6 Health Department and the School District in October of 2000, and much work began 7 at that point. Over a ten-year period, 8 9 more than 20,000 drinking water outlets were tested for lead content in 308 10 11 buildings. Schools that were at risk for elevated lead levels in water were 12 included in the program. This included 13 14 all schools built prior to 1991, with the 15 exception of schools that had received 16 complete re-piping renovations. approach implemented through the Safe 17 18 Drinking Water Program included collecting water samples from every 19 20 drinking water outlet, conducting a 21 laboratory analysis of samples, removing elevated outlets from service, providing 22 23 bottled water, conducting remediation of plumbing components, permanently removing 2.4 25 some outlets from service, and

Page 154 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. remediating and retesting outlets until 3 water results were blow the U.S. EPA action level. This approach cost the 4 5 District over \$5 million and resulted in 6 the issuance of final reports and approval letters for all of the 308 buildings included in the program. 8 9 Today, the School District of Philadelphia stands by this data. 10 11 water in our schools is safe. Because of 12 the testing conducted through the District's Safe Drinking Water Program 13 14 and because of the high quality of water 15 provided by the Philadelphia Water 16 Department, there is little concern about 17 the corrosion of plumbing components 18 caused by source water. 19 The City of Flint, Michigan 20 recently experienced a change in their The water that entered 21 water source. into homes and schools was corrosive to 22 23 plumbing components. This resulted in rusting, deterioration, and corroding of 2.4 25 pipes inside of homes and schools.

Page 155 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. type of water quality issue has not happened in Philadelphia, and because of 3 the comprehensive testing that the 4 5 Philadelphia Water Department conducts 6 routinely to prevent corrosivity, the type of environmental justice and public health atrocity that took place in the 8 9 City of Flint should never happen in Philadelphia. 10 11 As per the 2000 consent decree, the School District instituted the 12 practice of posting red spray-painted 13 14 signs over bathroom hand-washing sinks, custodial sinks, and classroom sinks in 15 16 many schools. The signs were intended to 17 express to students that they should not 18 drink from sinks because they were not part of the Safe Drinking Water Program. 19 These outlets can be used for hand 20 21 washing, cleaning and other activities. However, because the water was never 22 23 tested, the District has erred on the side of caution and posted these signs. 2.4 25 We have begun implementing a

Page 156 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. very coordinated and intense sustainability program. As part of that 3 effort, I have led various committees 4 5 with stakeholders, one of which is a 6 Healthy Schools subcommittee. We are currently working to design a new way of informing students and staff about water 8 9 quality, including friendlier signage above sinks. With the support of 10 11 stakeholders like The Food Trust, the 12 University of Pennsylvania's Community Food Education Program, the Water 13 14 Department, and the Health Department, we 15 are determining new ways to make school 16 drinking water more appealing, such as 17 installing hydration stations and spreading the message that our water is 18 safe for drinking. This is actually one 19 of the initiatives that will be included 20 21 in our soon-to-be-released sustainability plan called GreenFutures. 22 23 Lastly, while we stand firmly 2.4 behind the assurance of the approval of 25 the District's conformance with the Safe

Page 157 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Drinking Water Program, we will be 3 retesting drinking water outlets in a 4 representative number of schools. 5 This concludes my prepared 6 remarks. Thank you. 7 MS. FLETCHER: Excuse me. 8 COUNCILWOMAN GYM: Yes. 9 MS. FLETCHER: She took a five-minute recess to go to the ladies 10 And I did too. I had to walk down 11 12 the hall. And I was supposed to come up 13 next. So what happens? 14 COUNCILWOMAN Gym: Yes. And we 15 will have you testify right after 16 Mr. Roseman. 17 MS. FLETCHER: I think that's 18 very wrong. 19 COUNCILWOMAN GYM: Oh, I'm 20 sorry, but we needed to get started right 21 away. 22 MS. FLETCHER: I got to tell 23 you about it. 24 COUNCILWOMAN GYM: Understood. 25 Thank you.

Page 158 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Mr. Roseman. 3 MR. ROSEMAN: Good afternoon, and thank you very much for holding these 4 5 hearings. I think it's an important 6 issue. My name is Jerry Roseman. I'm the Acting Director of Environmental 7 Science and Occupational Safety and 8 9 Health for the Philadelphia Federation of Teachers' Health and Welfare Fund and 10 11 Union. The PFT is the largest internal 12 stakeholder group in the schools, representing 11,000 educational and 13 14 support staff, and they also have direct 15 primary responsibility for the education, 16 care, support, and protection of the more 17 than 130,000 students in their daily 18 charge. 19 I started working with the PFT 20 in 1985 when 12 Philadelphia schools were 21 recognized as having potentially serious asbestos exposure issues associated with 22 23 ongoing remediation and testing work. There was mistrust, fear, and concern on 2.4 25 behalf of parents, school staff, and the

Page 159 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. public about asbestos hazards and the way they were being handled and communicated about, which resulted in calls for the 4 5 union's involvement and the use of professional independent environmental science assessment to help ensure that high quality and credible asbestos 8 9 remediation work was being conducted. Since then, I have been 10 11 actively engaged in evaluating and 12 documenting school building hazards, including lead, mold, asbestos, and 13 14 asthma triggers, as well as other indoor 15 air quality concerns, and for making 16 recommendations about fixing these 17 problems. 18 Based on our experience, we understand how important it is for 19 20 stakeholders to be involved in all phases 21 of planning, decision-making, and priority-setting around the 22 identification and elimination of 23 environmental hazards from our schools 2.4 25 and that people should also be involved

Page 160 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 in the cultivation of information. 2. decisions are quided by and directly 3 affect our lives. 4 5 Today, I'll be focusing on 6 concerns about lead in drinking water and how we can be certain that Philadelphia school students and staff have safe and 8 9 appealing drinking water available to them every day. 10 11 Addressing the lead in water 12 issue is one element of what is a larger and critical foundational need for our 13 14 schools: the need for us to have 15 acceptably safe, healthy, dry, 16 comfortable schools for every student in the District. I have been doing this 17 18 kind of work -- that's evaluating potentially hazardous workplace 19 20 conditions and providing recommendations 2.1 for correcting them -- for more than 35 years now and have done so on behalf of 22 stakeholders, in this case all school 23 occupants, especially children, who are 2.4 25 directly impacted by these dangerous

Page 161 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. conditions. I'm a lifelong Philadelphian and want to see great public schools for 4 5 every child in this city. In addition to having a long personal and professional 6 experience with our schools, I also have a uniquely close-up and very grandular 8 9 look at the reality of school environmental health hazard and building 10 11 condition facility deficiencies. often concerned about what I see and 12 angry and offended by the conditions that 13 14 are present in way too many of our 15 schools and by what I know are the 16 negative impacts on students, staff, 17 health and safety, academic achievement, and social justice. I see this every day 18 when I'm in the schools. 19 20 Achieving and maintaining safe 21 and healthy schools means having buildings that are free of hazards from 22 23 lead, mold, asbestos, steam leaks, rodents and insects, infestations and 2.4 25 other conditions and problems that pose

Page 162 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. long-term and irreversible health damage 3 to students and staff. Implementation of 4 effective and achievable solutions to 5 these issues requires full transparency, 6 substantive collaboration, and participation by those directly impacted, as well as by parents, policy-makers, 8 9 communities, and other stakeholders 10 groups. 11 The CDC, EPA, and the FDA all 12 agree that there is no safe level of lead in drinking water or in the bodies of our 13 children and vulnerable adults. 14 15 Although not certain about 16 this -- I'm going to digress for one second -- I think that this drinking 17 water bottle and the lead in it is 18 regulated by the FDA, not by CDC or EPA, 19 and their level of what is safe I think 20 21 is 5 micrograms. So there are these various levels, and that is one of the 22 23 problems that we're going to face. this bottled water is regulated at a 2.4 25 level lower than what we're regulated at

Page 163 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. in either our homes or in schools. When concerns about lead in 3 4 school drinking water came to light in 5 Philadelphia more than 16 years ago, the District was required to begin a 6 district-wide testing and remediation program that took about ten years to 8 9 complete. We provided a critical and insistent -- well, sometimes unwelcome 10 11 contribution carefully looking at and 12 questioning from a scientific and public health-based perspective each step of the 13 14 process. 15 The quality, reputation, and 16 success of our schools is a necessary 17 component to the success of our city. 18 The environmental quality of our buildings is also a fundamental component 19 20 of our ability to have great schools. 2.1 The connections between school building condition and achievement is too often 22 23 overlooked. Recruitment, retention, and supportive great leaders and great staff 2.4 25 is exceptionally challenging, absent at

Page 164 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. least minimally acceptable environmental conditions, a standard we have often 3 failed to achieve, something I know from 4 5 firsthand observation. Francine Locke, the Director of Environmental Management Services, has invited me to participate in the lead and 8 9 water testing and evaluation project about to be undertaken by the District. 10 11 The PFT has also participated with the School District in their GreenFutures 12 13 program committee meetings and has 14 jointly conducted environmental hazard 15 and building condition deficiency 16 evaluation activities for many years. 17 These are all positive steps 18 for sure, but much more is needed, as open data-sharing, full transparency and, 19 20 most importantly, effectively and 2.1 promptly fixing what needs to be fixed. I'm in full agreement that the 22 23 retesting of school water for lead levels and for some of the other parameters that 2.4 25 define acceptable water quality should be

Page 165 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. conducted at this time. The complexity of the lead in water issue in schools, 3 however, presents technical, scientific, 4 5 and other challenges to the development 6 of a comprehensive assessment plan. That's something we'll need to work on together. 8 9 Many important questions will have to be answered as part of the 10 11 District's program. Questions about the 12 total number of samples to be collected, how many schools should be sampled and 13 14 which schools should they be all need to be addressed. We also need to look 15 16 carefully at the sampling procedures to be used and what criteria will be used to 17 conclude that the water is actually safe 18 to drink. When samples are collected and 19 20 how they are collected are also critical 21 elements of this program. 22 The goal of providing 23 sufficient scientific and public health certainty about testing methods, results, 2.4 25 and conclusions is best met by making

Page 166 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. sure that all previously collected and 3 available data is reviewed, that the voices, experience, and concerns of all 4 5 internal and external stakeholders are 6 accounted for as part of the sampling strategy, and that the entire assessment process, from planning through 8 9 implementation to remediation, is fully transparent and collaborative, with 10 11 information effectively communicated to 12 I know that the ongoing involvement, interest, and support of the 13 14 entire City Council and this Committee 15 particularly will be of great benefit in 16 the effort to ensure that all 17 Philadelphia schoolchildren have safe, 18 healthy, dry, warm, and comfortable 19 schools and that that water is safe and 20 acceptable for drinking. 2.1 Thank you. 22 COUNCILWOMAN GYM: Thank you so 23 much. We'll call to the table 2.4 25 Ms. Lucille Fletcher.

Page 167 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. And just for clarity, Ms. 3 Fletcher, we apologize that we had to get started, that we're trying to keep the 4 5 hearing moving along. 6 MS. FLETCHER: Okay. Thank 7 you. COUNCILWOMAN GYM: We'll be 8 9 coming back to ask questions, Ms. Locke. MS. FLETCHER: Good afternoon, 10 everyone. My name is Ms. Lucille 11 12 I'm coming from my heart Fletcher. because I can't write nothing down to 13 14 save because I moved to another state. 15 Well, I'm 80 years old, and 16 there's a lot of stuff I know and I seen 17 when I was coming up as a kid, and there's a lot of stuff I seen in the 18 movies where the water was -- they washed 19 the clothes in the river and stuff like 20 21 that. Well, my mother and them told me 22 they used to go to the well. Before they 23 had a well, they used to go to the stream 2.4 and get water. 25 Well, coming up in Philadelphia

Page 168 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. every Sunday morning, we went to 3 Fairmount Park to get water off the rocks, drinking water. We filled the 4 jugs up. The water was clear. You could 5 6 see through it, pure, good water. But Fairmount Park closed all their water 7 holes down. So the last one to close 8 9 down was in Delaware. So then we went to Delaware to get water. But then in 10 Philadelphia, they told you to boil your 11 12 water. Why in the late '40s to early 13 '50s they start telling you to boil your 14 water? So evidently they had lead in 15 water then. Am I right or wrong? Y'all 16 look it up. 17 So my mother would always wash 18 her clothes in cold water. She used Fab soap. She said because Fab soap was the 19 20 only soap that dissolved in cold water. 21 Now, people going out here, like they said, buying all this bottled 22 23 water. You got some of this label that got rocks, water running off of rocks. 2.4 25 That water is nasty. I don't buy bottled

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1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. water. If I get it, somebody give it to I don't buy it. I boil my water. 3 That Commissioner that was 4 5 here, she told the truth when she said 6 she had to run upstairs and flush the toilet for the cold water to come 7 downstairs in the kitchen. I used to do 8 9 it too. My father said, Go up there and flush the toilet. You go down there and 10 11 the water would be good and cold, ice cold. Now you run water, you got a fail 12 13 on it, you got to let the water sit until 14 it clear, because if you drink that 15 water, you in trouble. You going to get 16 a belly ache. 17 And then the Commissioner -she should have stayed here to listen to 18 some of these people conversation, 19 20 because she didn't know nothing. 21 Now, the meters, they told you 22 they going to change the meter. If they 23 don't get in your house to change your 2.4 meter, then they going to say they going 25 to cut your water off. Because they

Page 170 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. can't get in your house, you have to take 3 a day off for them? Why do they keep 4 changing meters? For what? For the 5 water to go up? Because every time they 6 change the meter, your water goes up, and 7 they're not doing nothing about it. Then you got all these private contractors 8 9 buying all these houses. Nobody going to check to see if they taking them lead 10 11 pipes out of there, and when the people 12 get it, they got to pay for it and have it done, because they in there. 13 14 Do City Hall pay water bill? 15 Do City Hall pay a water bill? 16 Do City Hall pay a water bill? 17 If y'all don't pay no water bill, that 18 mean we paying y'all's water bill. Everybody -- I'm talking about -- our 19 20 group is called Speaking for the People, 21 People First. 22 City Hall don't get no water 23 We get all your water bill. 2.4 pipe bust in that street, everybody's 25 water goes up, and that is wrong. That

Page 171 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 is very wrong. You know how I know that? 2. 3 Because everything that you got runs on 4 electric. Water runs on electric, gas 5 runs on electric, oil runs on electric. 6 Everything running on electric. And if 7 you don't put up Christmas lights, you get an electric bill and your bill is up 8 9 high, and I got that from electric man. You don't burn electric for Christmas and 10 11 lights, you still get the people in the 12 neighborhood. You split the bills up and 13 then you go down to electric company, the 14 gas company, the water company, how my 15 bill this high? 16 I don't know how that happened. 17 They know how that happened. 18 Because they giving it all to us. They're giving it to the people, and I 19 think that's wrong. 20 21 Nobody answer my question. Do City Hall get electric bill? 22 23 COUNCILWOMAN GYM: Yes, I 2.4 believe we pay our electric bills. 25 MS. FLETCHER: Could you show

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2	us electric bill?	
3	COUNCILWOMAN GYM: We will go	
4	back and take a look.	
5	MS. FLETCHER: Where you go get	
6	it at?	
7	COUNCILWOMAN GYM: We will ask	
8	our staff.	
9	MS. FLETCHER: Could they bring	
10	it up on the screen?	
11	COUNCILWOMAN GYM: Not right	
12	now.	
13	MS. FLETCHER: So when will	
14	y'all have another meeting to show us	
15	y'all's electric bill?	
16	COUNCILWOMAN GYM: I believe	
17	that information will be made publicly	
18	available.	
19	MS. FLETCHER: I don't I	
20	think the people pays the electric bill	
21	for all City property.	
22	And then another thing, I used	
23	to work out there at the sludge flat?	
24	You ever visit the sludge flat?	
25	COUNCILWOMAN GYM:	

Page 173 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Ms. Fletcher, we have --3 MS. FLETCHER: Have you ever --4 COUNCILWOMAN GYM: I just would 5 encourage you to use your time to make 6 your statement and --MS. FLETCHER: Okay. I'm making my statement. 8 9 COUNCILWOMAN GYM: You have about 30 seconds left, so just --10 11 MS. FLETCHER: I work for the 12 City. I used to work for the City. COUNCILWOMAN GYM: We will 13 14 absolutely help you make -- and we're 15 trying to get answers. That's what this 16 hearing is, but we do need to have this 17 be -- move it along. And so if you could 18 just summarize your statements and then we will put this all back and get back to 19 20 you on it. I'm very close with your 21 director and your executive director, and 22 we will get you the answers to your questions. 23 2.4 MS. FLETCHER: Okay. Like I 25 said, I want to know -- I'll try to get

Page 174 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. an answer. Do y'all get a water bill? And all the pollution is in the water. 3 COUNCILWOMAN GYM: This hearing 4 5 is really about lead exposure in the 6 water and --MS. FLETCHER: It's still about --8 9 COUNCILWOMAN GYM: -- we're 10 really happy to have that conversation. 11 MS. FLETCHER: It's still about 12 paying the bill and all with the pollution in it. 13 14 COUNCILWOMAN GYM: And I will 15 absolutely get back to your executive 16 director on this issue, but I really do 17 encourage you to just take the last few seconds that you have to make your 18 statement and then we need to wrap it up. 19 20 MS. FLETCHER: Okay. Well, all this disease and stuff is going -- how 21 are y'all going to purify? See, like I 22 23 said, the water used to come off the rocks, and when they closed it down in 2.4 25 Fairmount Park, they start telling us to

Page 175 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. boil our water. So that means lead or something was in the water for you to 3 tell the house owners and the renters to 4 5 boil the water. This ain't just 6 happening. It's been happening. See, 7 but they had to go to Flint for all that stuff to come back. And I feel sorry for 8 9 them people in Flint. My heart goes out for them. But something was in 10 11 Philadelphia's water too. 12 COUNCILWOMAN GYM: Thank you so 13 much, Ms. Fletcher. I really appreciate 14 your testimony, and we will get back to 15 you with the answers to your questions. 16 Thank you. 17 MS. FLETCHER: I hope you do. 18 COUNCILWOMAN GYM: Thank you. 19 MS. FLETCHER: And I'll be 20 looking for it. 21 Y'all have a blessed day and 22 let God be your conscience. 23 COUNCILWOMAN GYM: Thank you 2.4 very much. 25 Could we just have Mr. Roseman

Page 176 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. and Ms. Locke, if you just want to come 3 back to the table. We had a few questions. I know some of us had a few 4 5 questions on that. 6 (Witnesses approached witness table.) 7 8 COUNCILWOMAN GYM: So among the 9 questions I had is, the School District of Philadelphia sounded like they did a 10 11 very thorough testing of all its school 12 buildings and its water fountains. that mean that you have an inventory of 13 14 lead service lines and components in all schools? 15 16 MS. LOCKE: No, we do not. 17 That's not a typical inventory for any 18 building that I'm aware of. 19 Jerry? 20 MR. ROSEMAN: No. 2.1 COUNCILWOMAN GYM: That wasn't an element of testing the water? 22 23 MS. LOCKE: No. We look at the 2.4 water, not the pipes. So there was no 25 visual inspection of pipes to look for

Page 177 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. It was just looking at the water. COUNCILWOMAN GYM: And then if 3 you found -- I assume you found some 4 5 things. Could you just give a short distribution, finding out what you did, 6 7 find out from them what percentage of water fountains were shut off, what 8 9 percentage of water fountains were 10 treated or what percentage were okayed, 11 or how did that work out? 12 MR. ROSEMAN: I mean, I think 13 the problem is that data is not easily 14 available in any kind of a standard way 15 by the District. At the time, there were 16 somewhere around 15 percent of all of the outlets that were tested were elevated, 17 above the 20 part per billion level, and 18 those outlets -- the idea of the testing 19 was to find out if there was lead in the 20 21 water at the outlets and where it might be originating from but back to some 22 unspecified distance, and the outlets 23 would then be changed out and replaced 2.4 25 and retested until there were no lead

Page 178 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. levels that were considered to be excessive. MS. LOCKE: So the remediation 5 process went from the faucet back. when elevated lead levels are identified, 6 the remediation occurred at the faucet. When that was remediated with a different 8 9 component, the water was tested again. If the water came back elevated again, 10 11 they would go further down the line to 12 remove pipes. And it didn't go back to street level or replacing the 13 14 infrastructure of the building. 15 I just want to emphasize that 16 every one of our schools received a final 17 approval letter from the City of 18 Philadelphia's Health Department 19 indicating that we've met the 20 requirements, because I know folks were 2.1 asking about documentation that may be available to them. And that is something 22 that we do have available and we'd like 23 to share possibly on a website or... 2.4 25 COUNCILWOMAN GYM: You met the

Page 179 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. requirements to do exactly what? 3 MS. LOCKE: So the Philadelphia 4 Department of Public Health and the EPA 5 came up with -- and Jerry actually was on the original committee to develop the 6 testing standard. So the report, the 7 final approval letter from the Health 8 9 Department, indicated that we met the testing requirements for every one of our 10 11 schools, the 308 buildings. 12 COUNCILWOMAN GYM: So the requirement was for you to test, but not 13 14 necessarily to remediate? 15 MS. LOCKE: No. The 16 requirement was that we tested and 17 remediated until we received levels of 18 lead that were acceptable, which was 20 19 parts per billion. COUNCILWOMAN GYM: So that 20 21 sounds great, and so going back to my original question, what percentage of 22 23 fountains were then -- how did you remediate this and why do you not have an 2.4 25 inventory of that?

Page 180 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. MS. LOCKE: We do have an inventory of every outlet that was 3 tested. We do have an inventory of the 4 5 over 20,000 outlets that were tested. 6 fact, we were just reviewing that data on 7 Friday together to try to determine where we should start with the retesting of 8 9 outlets. So I don't know if I'm 10 11 answering your question properly. 12 COUNCILWOMAN GYM: Slightly. 13 mean, I guess you have an inventory of 14 20,000 outlets that were tested. Do you 15 know what the lead exposure levels are 16 from those areas? You know what you then 17 did, but you don't actually know the 18 source of the lead exposure? 19 MS. LOCKE: Well, every one of those outlets was tested and found to be 20 safe in the final analysis after --21 22 COUNCILWOMAN GYM: Twenty 23 thousand of them were found to be safe? MS. LOCKE: Approximately 2.4 25 20,000 outlets.

Page 181 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COUNCILWOMAN GYM: So you had a 3 100 percent safety level? 4 MS. LOCKE: Every one of the 5 outlets that was in operation had to be 6 safe. It had to be below the action limit from the EPA, if that makes any 7 sense. So all of the drinking water 8 9 outlets that are currently in service in the buildings built before 1991, all of 10 11 the drinking water outlets are considered 12 safe because they met the testing requirements set forth in the consent 13 14 decree with the EPA and the Philadelphia 15 Department of Public Health. 16 COUNCILWOMAN GYM: Can you help 17 me out, Mr. Roseman? I'm trying to 18 understand. 19 MR. ROSEMAN: I think so. 20 think that some of what happened with this is similar to what we face 2.1 22 regularly. There is not a good 23 comprehensive and clear database of information to look at. When we met the 2.4 25 other day and were asking about it, there

Page 182 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. is information for each of these schools, and the information tends to live in 3 documents that are 20 to 50 pages long. 4 5 There are some spreadsheets, that it's 6 very difficult to get a very clear 7 comprehensive look, but as Francine is stating, the charge from the EPA and the 8 9 Health Department was to test every drinking water outlet in every school, to 10 11 not test outlets that were in bathrooms, 12 that are in lounges. And some cafeterias, teachers' cafeterias, were 13 14 not tested, and those were posted with 15 signs that say do not drink, and people 16 have seen these and they're quite upset 17 in the schools a lot of times. doesn't mean that there's elevated lead, 18 but there very well could be. They were 19 20 just never tested. 21 For the other sampled outlets, 22 there is a problem. I think more 23 properly than calling them safe, they met a standard that was established at the 2.4 time. The District at the time had 25

Page 183 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. refused to participate in this and then was ordered to. So that standard they 3 met is a 20 part per billion standard. 4 5 The standard that is being talked about 6 now is 15 part per billion. There may be -- it's unclear these standards --7 COUNCILWOMAN GYM: This 8 9 standard was supposed to be zero, but --MR. ROSEMAN: Well, that's 10 11 right, so I think one thing that needs to 12 be kept in mind is safety and regulated are quite different, and from a public 13 14 health perspective, we shouldn't be 15 focused primarily on what's regulated. 16 We really should be looking at what's 17 safe. And that's a conversation that I think does require stakeholders in 18 addition to the District, because that's 19 a difficult conversation. 20 So we have -- there was a 21 22 standard met by the testing protocols 23 There may be some others, 2.4 especially now, that are better. I mean, 25 as we're seeing the lead levels in

Page 184 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. people's bodies are dropping in terms of 3 what's acceptable. We've never seen this go the other way. 4 5 So there's more work to do. 6 There's certainly more work to do. COUNCILWOMAN GYM: Really quickly, who is responsible for testing 8 9 the water quality in schools right now? MS. LOCKE: The District of 10 11 Philadelphia's Office of Environmental 12 Management and Services. COUNCILWOMAN GYM: Under the 13 14 operations? 15 MS. LOCKE: Correct. Through a 16 third-party consulting firm. We don't do 17 it ourselves. It's contracted through a third-party consultant that does that 18 19 testing. COUNCILWOMAN GYM: The Chair 20 21 recognizes Councilwoman Bass. 22 COUNCILWOMAN BASS: Thank you 23 so much. I just had a couple of 2.4 25 questions for the School District, and,

Page 185 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. that is, you stated that there will be 3 retesting of the drinking water, but it's a representative number of schools? 4 5 Which schools, when? 6 MS. LOCKE: So we formed an 7 advisory team, and that advisory team consists of the EPA, the Water 8 9 Department, the Health Department, and the PFT. And so we're trying to figure 10 11 out where to start. My recommendation 12 originally was to look for communities that have high blood lead levels for 13 14 children and maybe start there, but it's 15 really not up to me. It's going to be up 16 to our team of advisors. So we'll keep 17 you posted as to how that goes. 18 COUNCILWOMAN BASS: I think 19 that that would be a good place to start, 20 but I would like to encourage the District to look at all schools that had 21 the initial remediation. I think that 22 23 every school should be tested. And I wanted to go back to the remediation and 2.4 25 plumbing that was done under the Safe

Page 186 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Drinking Water Program. Did you go all 3 the way and do from the pipes to the faucets or did you follow the Water 4 5 Department's recommendation and just do a 6 little bit? MS. LOCKE: We started at the 8 faucet. So we started -- the way the 9 testing worked was that we would allow the pipes to remain still for eight to 16 10 11 hours. We would then take a first draw 12 of the water, test that, and then do a flush sample. I think it was about 30 13 14 seconds flush sample. And so the -- if 15 the first sample came back elevated, we 16 would then look at the second sample, and 17 if the second sample was acceptable, we would leave that outlet in place until we 18 could figure out what was going on with 19 20 that first sample, because that meant that the outlet could be used. It would 21 22 be flushed every day. So we would then have the 23 2.4 opportunity to remediate that outlet. 25 the flushed sample came back elevated, we

Page 187 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. will put that particular outlet out of service and provide bottled water until 3 we could figure out what was going on. 4 5 But you're asking about remediation of plumbing. And it would start at the 6 faucet and then move back as far as we 7 could go in increments backwards. 8 9 COUNCILWOMAN BASS: So you did change the faucet and I guess the source 10 where the water actually comes out and 11 12 where it could be digested by children. MS. LOCKE: That is correct. 13 14 We tried to remove the source that would 15 be at that beginning line where the water 16 would be sitting and children would be 17 drinking that. 18 COUNCILWOMAN BASS: Okav. 19 Thank you. 20 MS. LOCKE: Thank you. 21 COUNCILWOMAN GYM: Now, based 22 on your study, you are saying that at 23 least 15 percent of the items tested had extremely elevated lead levels in the 2.4 25 water, over 20 PPBs, which was the

Page 188 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. standard at the time; is that accurate? MS. LOCKE: They were above the 3 action level, yes. I don't know how 4 5 exactly high they were. You said 6 extremely elevated. I'd have to look at that data. 7 8 COUNCILWOMAN GYM: And can you 9 just let me know what happened then to those fountains or outlets? 10 11 MS. LOCKE: So the fountains or 12 drinking water outlets that had elevated lead levels were either taken out of 13 14 service if the flush sample was high. 15 the flush sample was not high, they would 16 leave it in service and have it flushed 17 in the morning. 18 Jerry and I just had this conversation a moment ago. I had a 19 20 feeling you would ask this question. 21 the technique was that if the -- it gets 22 complicated. There were two samples 23 collected for every outlet. The first sample was the primary sample, and the 2.4 25 water stayed in the line for eight to 16

Page 189 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. hours overnight, still, so that we were 3 getting a representative of what that water would be like, so it was staying in 4 5 the pipe. If that sample came back 6 elevated, we would then test that flushed 7 sample that was taken 30 seconds after it. So it gave the opportunity for that 8 9 water to flow. If that flushed sample came back elevated, we would take that 10 11 outlet out of service temporarily until 12 we could figure out what was going on. And so we would provide bottled water. 13 14 And the process was to remediate and test 15 again, remediate and test again, 16 remediate, going down the line, and test 17 again until we received water that was 18 below the EPA action level. 19 COUNCILWOMAN GYM: 20 remediation shutting down a water fountain? 2.1 MS. LOCKE: It could be if we 22 23 could not get that flush sample to be 2.4 acceptable. 25 And how many COUNCILWOMAN GYM:

Page 190 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. schools do not have functioning water 3 fountains or of the available water outlets, what percentage of them are 4 5 considered non-functioning? 6 MS. LOCKE: I can tell you there's a difference between safe and 7 functioning, and every day we have 8 9 outlets that are out of service due to different reasons. One school in 10 particular we were looking at this week 11 12 was the Disston Elementary School, second floor. There were two drinking water 13 14 outlets present. One was out of service 15 because it had a broken valve. There's a 16 work order in place. It may be fixed 17 today. But there's a difference for me 18 for safe drinking water and accessible. 19 20 That's something we're really trying to 21 work on through appealing and accessible water. It's very different. 22 23 can --2.4 COUNCILWOMAN GYM: Do you have 25 numbers on both?

Page 191 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 MS. LOCKE: Safe drinking 2. water, I can say all of the drinking 3 water outlets that are in service are 4 5 safe in terms of our drinking water 6 testing. COUNCILWOMAN GYM: Yes. And I think my questions was, what percentage 8 9 of outlets total are there and are not currently in use? 10 11 MS. LOCKE: I don't have a 12 number on how many there are throughout the District in all of our buildings, 218 13 14 schools. I don't have how many drinking water outlets there are in the 218 15 16 schools that we have, and I don't have the number of how many are out of service 17 18 or in service. 19 COUNCILWOMAN GYM: So of the 15 20 percent of outlets tested that were 21 elevated significantly above the actionable, I guess, guidelines at the 22 23 time, what number are we talking about, 2.4 15 percent? 25 MS. LOCKE: Well, if there were

Page 192 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. 20,000 drinking water outlets --3 COUNCILWOMAN GYM: So that 4 would be 3,000? 5 MS. LOCKE: Yes; 2,500 to be 6 precise, about 2,500. COUNCILWOMAN GYM: It's actually 3,000 would be 15 percent. 8 9 So how many schools currently receive bottled water? 10 11 MS. LOCKE: I'm not aware of 12 any schools that receive bottled water because of lead concerns. There are some 13 14 cases when cafeterias are serving bottled water, but it's not for lead concerns. 15 16 COUNCILWOMAN GYM: Do the 17 requirements for the School District require that all students have access to 18 drinking water in the cafeteria? 19 MS. LOCKE: Yes. Food Services 20 21 Division is very on top of that in terms of USDA compliance and the school lunch 22 23 program. COUNCILWOMAN GYM: And that 2.4 25 water is available in every school

Page 193 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. cafeteria? MS. BURNS: Hi. afternoon. Fran Burns, Chief Operating 4 Officer for the School District of 5 6 Philadelphia. COUNCILWOMAN GYM: Welcome. MS. BURNS: Thank you. 8 9 The requirement of our Yeah. school lunch program, the School District 10 11 is required to provide access to water in 12 the cafeteria. Three years ago we conducted a survey of every cafeteria. 13 14 Twenty-five of our schools did not have 15 close proximity of water fountains to the 16 cafeteria. So for 25 schools, we are 17 currently, in order to meet this requirement, providing basically 18 19 containers of water with cups in the cafeteria. So fresh water containers are 20 21 provided with cups in 25 schools, and 22 that's through a requirement of the 23 school lunch program. COUNCILWOMAN GYM: And those 2.4 25 schools are still receiving those

Page 194 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. containers of water in cups? MS. BURNS: Yes. 3 COUNCILWOMAN GYM: And the 4 5 CDC's 2014 report talks about a recommendation of one water fountain per 6 100 students. Is the School District of 7 Philadelphia, would you say, in 8 9 compliance with that? 10 MS. LOCKE: Yes. One drinking 11 water outlet per 100 students per floor 12 is what we are using, and I believe that's the Philadelphia Plumbing Code. 13 14 COUNCILWOMAN GYM: Mr. Roseman, 15 based on some of your research that 16 you've done with the School District, 17 would you say that the School District is following by that measurement of one 18 water fountain per 100 students? 19 20 actually doesn't indicate to me that's 21 it's per floor, but one water fountain 22 per 100 students. MR. ROSEMAN: I don't think 23 2.4 that there's a way to know that that is 25 the case. It is -- I mean, it is not the

Page 195 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 case in every location, that's for sure. 2. And I'm saying that based on our 3 inspection of schools. What I quess I 4 5 meant to say initially was that there 6 isn't an inventory of the kinds of things we need to have inventories of and the School District does. So those questions 8 9 are not really answerable in the abstract. From school inspection, no. 10 11 So at the Disston School and at actually 12 several other schools, you may have no water fountains that work on the day you 13 14 show up for an inspection on Monday, the 15 3rd of February and you find out that 16 they haven't worked since November 4th. 17 And so when you're looking at that, you realize they did not have one fountain 18 per 100 students or even one per floor, 19 20 and that kind of problem is found 21 throughout the District in various ways. It's one of our problems. It's one of 22 23 the challenges for the District. of buildings and a lot of issues and 2.4 25 they're not well characterized. It is

Page 196 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. one of the real concerns that I have from 3 the public health perspective. 4 not well characterized. 5 MS. LOCKE: I just want to add 6 that the GreenFutures sustainability plan, Healthy Schools subcommittee, we're working with stakeholders to try to make 8 9 that change in terms of access and appeal, because a drinking water fountain 10 11 that's in service may not even be 12 something that is appealing to a child. We're trying to make that a little bit 13 14 more appealing with bottle-filling 15 stations, hydration stations and making 16 that sort of standard, but we have a long way to go with that. But we understand 17 18 that concern. 19 COUNCILWOMAN GYM: So I quess I 20 would ask, do you believe that the School 21 District -- do you still stand by your agreement that the School District is 22 23 meeting the requirements on the Plumbing Code of one water fountain per 100 2.4 25 students?

Page 197 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. MS. BURNS: Ηi. 3 We do. What happens on a daily basis is, conditions in the building 4 5 change. So there are conditions that are 6 present today that weren't present yesterday, and those conditions certainly impact not just our water fountains but 8 9 the condition of our lockers, the condition of doors within the school. 10 So 11 we are charged with maintaining and 12 providing safe and healthy conditions for the students in our schools. 13 14 What we have done, frankly, 15 from some of the meetings that you have 16 held is, we have been looking on a 17 school-by-school basis to do an inventory of our drinking water fountains and, 18 frankly, their operability right now, and 19 20 they're different on a school-by-school 21 basis. And so what we can say is that we 22 have safe drinking water available in all 23 of our schools. We, at this point in time, have some schools where 100 percent 2.4 25 of the water fountains are operable.

Page 198 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. had a couple of schools where we looked where we had problems in certain parts of 3 the school, like the gymnasiums. We had 4 a couple of schools where we had only 60 5 percent of the water fountains were 6 7 operable. But we do have, the majority of our schools, our water fountains are 8 9 operable. We do have a couple things 10 11 In terms of our year-long 12 maintenance -- and this isn't actually 13 where we necessarily want to be, but we 14 almost switch from heating repairs in the winter and then our -- as terms of a 15 16 priority, and then once the warm water 17 starts, children are looking actually to drink. Not that they shouldn't be 18 hydrated throughout the whole year for 19 20 the learning, but we immediately actually 21 as a practice at the District put out to our building engineers make sure the 22 23 water fountains are operable right out of 2.4 heating season and into the spring and

summer months. Additionally, it's one of

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Page 199 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. the foremost conditions for school opening, is to make sure going into 3 school opening as we transition out of 4 5 school closing into school opening to 6 make sure we have repair and operable water fountains in our schools. 7 COUNCILWOMAN GYM: I mean, the 8 9 reason why we ask obviously is that we just concluded a series of town halls, 10 11 and if there was one thing that the young 12 people who attended the town halls talked 13 about, aside from the absence of 14 educators and staff in schools, was the 15 lack of access to water. There was a strong belief from many that they were 16 17 not able to easily access water, that it was incumbent upon them themselves to 18 bring bottled water to classes, and if 19 20 they didn't, then they weren't going to 21 get really access to water. I think a 22 parent at Disston complained that the water fountain had been shut off on the 23 second floor for at least two years. 2.4 25 it was a significant amount of time, not

Page 200 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. just a day-to-day type of thing, and that 3 it's recently come to our attention that at Ben Franklin High School, for example, 4 that there are 25 fountains and nine are 5 non-functioning. So that that's close to 6 7 one out of three not working in a significant school. 8 9 And so I guess I'm encouraged to hear that this is going to be a 10 11 serious issue, but I really need to 12 emphasize how much we heard from young people saying that just basic access to 13 14 water was a struggle for them in a huge 15 portion of our schools, not just a 16 handful, but that a number of students 17 felt like this was a major complaint for 18 them. 19 The Chair recognizes Councilwoman Bass. 20 2.1 COUNCILWOMAN BASS: I just had a quick question, and I was looking at 22 the slide here and it looks like some 23 sort of -- I can't read what it says 2.4 25 above the little symbol, but it looks

Page 201 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. like nuclear radiation or something, which would really not encourage me to 3 even want to wash my hands in it, let 4 5 alone drink from it. And I know the 6 purpose is don't drink from this water 7 fountain, but, again, I wouldn't even want to touch it to wash hands or 8 9 anything. MS. LOCKE: Now, there should 10 11 be no sign like that over drinking water 12 outlets, let alone it's horrible to see, 13 I agree, and we're trying to change that. 14 So those type of signs were put up over sinks and other -- like a custodial sink 15 16 and other sinks where the water was not 17 tested as part of the program, and that's why that was posted there, because we 18 never tested the water. 19 20 COUNCILWOMAN BASS: Will they be tested with the new round of tests 2.1 22 that you all are embarking on? 23 MS. LOCKE: Well, our advisory team will definitely talk about that. 2.4 25 was brought up by different stakeholders

Page 202 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. as wanting that as a possibility and then other stakeholders said, Well, we'd 3 rather you spend money on putting in 4 5 hydration stations rather than testing 6 the water of bathroom sinks. And there's 7 definitely -- it's something to think about. And I want to acknowledge how 8 9 important it is for our children to have accessible and appealing drinking water. 10 11 It's so important, and it's really -- I see folks here from the GreenFutures 12 subcommittee, from Youth United for 13 14 Change, and The Food Trust, and I'm 15 beginning to meet a community of 16 stakeholders who really find this very 17 important, and I really hope that you're 18 going to see great progress over the next 19 few years. 20 But that sign needs to go and 21 we all agree, and we're trying to change 22 that as soon as possible. 23 COUNCILWOMAN BASS: And I hear 2.4 what you're saying in terms of the 25 question of adding hydration stations or

Page 203 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. dealing with these water sources that haven't been tested, but just to go back 3 to my original point, I wouldn't even 4 5 want to wash my hands in it. 6 MS. LOCKE: I understand. 7 COUNCILWOMAN BASS: So that causes like a whole other realm of 8 9 issues, particularly for young people who might not want to wash their hands as 10 11 often and as much and don't recognize the 12 value of spreading germs and all those kinds of things. But I wouldn't even 13 14 want to put my hands under here knowing 15 that it says I can't drink -- if I can't 16 drink from it, what else is wrong with 17 What else am I putting on my hands 18 and touching and being exposed to? 19 MS. BURNS: Councilwoman, 20 actually that exact comment are some of 21 the same things that we have heard 22 recently from parents and students, and 23 it is one of the reasons why we absolutely need to figure out how to get 2.4 25 better signage out, how to have better

Page 204 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. education through some of the work that 3 Francine is doing, and also at the time 4 that -- while we conducted the testing at 5 all of the water fountains in our 6 schools, the drinking fountains, we were also told by, I think, the EPA and the 7 Department of Public Health that while we 8 9 didn't test these, that you could like brush your teeth with the water where we 10 11 have these signs saying the water is 12 unsafe. So do not drink the water --COUNCILWOMAN BASS: You said 13 14 you can brush your teeth? 15 MS. BURNS: Yeah. So there is 16 a --17 COUNCILWOMAN BASS: Would you 18 brush your teeth with water from that 19 source? 20 I say that to say MS. BURNS: 21 that while the District over the past ten years has erred in a sense of caution, it 22 also shouldn't -- and while a distasteful 23 choice of how to communicate that, that 2.4 25 it's also -- I don't want to at the same

Page 205 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. time because of what that conveys create a sense of panic, and in terms of our 3 regulators at the time, kind of what they 4 5 expressed and communicated in terms of 6 the water from our sinks, that it is safe 7 to wash your hands. It is safe to use 8 the appropriate use of water at the 9 sinks. COUNCILWOMAN BASS: 10 T would 11 encourage whoever said that it's okay to 12 brush their teeth to do so publicly just as a show of faith in the system that 13 14 they're encouraging other people to use. 15 MS. LOCKE: We acknowledge your 16 concern totally. 17 COUNCILWOMAN BASS: Thank you. But my original question actually was I 18 wanted to be clear, when we talk about 19 20 schools, are we talking about traditional 21 public schools and charter schools, which are public schools, or just the 22 23 traditional public schools? 2.4 MS. LOCKE: It would be any 25 building that is owned by the School

Page 206 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. District of Philadelphia that we 3 maintain. So if there's a charter school 4 that's renting one of our buildings or 5 leasing it, there's lease information 6 that I don't know about, because I'm not 7 in Real Property, Fran will probably speak better to that. But any school 8 9 that we own that was built before 1991 that fell into the category here, that 10 11 would still be our responsibility at this 12 point. 13 COUNCILWOMAN BASS: Okav. 14 if I'm a charter school operator and I have a school that's outside of that 15 16 network, I'm not in a School District 17 building essentially, and most of the charter schools that I know are not in 18 19 formally public school buildings, so they 20 are not required to participate in the 21 Safe Drinking Water Program or to be tested? They don't have the same 22 23 criteria? 2.4 MS. LOCKE: Yeah. I don't know 25 what they're doing. I know that our lead

Page 207 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. safety program, our water quality program, is really based upon our 3 4 agreement with the EPA and the 5 Philadelphia Health Department. I don't 6 know what they're doing, to be quite honest with you, if they're not in a 7 building that we own or operate. 8 9 COUNCILWOMAN BASS: Is that something that we can regulate, the 10 11 School District can regulate or require? MS. BURNS: I don't think that 12 13 we can right now. What we can do is pass 14 through the communication about what we're doing and make sure that it's 15 16 shared with the charter school operators, 17 but at this point in time, we don't have 18 regulatory authority. 19 COUNCILWOMAN BASS: If we don't 20 have the regulatory authority, is that something that we can pass along to 21 22 parents instead? So if I'm a parent, my child is at a charter school and it does 23 not fit the criteria because it's not in 2.4 25 a public school building, is there some

Page 208 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. information that you can provide to me saying that your child is not in a public 3 school building and, therefore, you know, 4 5 this information is not -- we don't test, 6 we don't get the water samples. It does not fit our criteria, and so you just need to be aware of that, so as a parent, 8 9 I can go back to the charter school provider and say, you know, are you 10 11 testing and what are you doing and what 12 are the results or will you test? MS. LOCKE: One of the 13 14 beautiful things that working with 15 stakeholders is that they work with all 16 the charter schools, and so we are 17 working together as a team to get the message out. We're actually going to 18 19 have a community outreach campaign 20 included in this project of the water 21 retesting, trying to get more trust from our communities that the water is safe. 22 23 So I will definitely work with our stakeholders who are more involved in the 2.4 25 charter schools. When we meet at our

Page 209 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 next Healthy Schools subcommittee 2. meeting, we'll bring this up to make sure 3 that we can figure out how to ensure that 4 5 the charter schools are also included in 6 this somehow, even if it's just messaging 7 like you're saying. COUNCILWOMAN BASS: When is 8 9 Is that meeting coming up? that? MS. LOCKE: It's usually 10 11 monthly. We just met recently this 12 month, so it will be -- the next one is in April. But we could invite -- I know 13 14 Fran has been asking me to reach out to 15 City Council to let you guys know what 16 we're doing and to invite your staffers. So I could do that. 17 18 COUNCILWOMAN BASS: That would be great. And I just say that I'm really 19 20 asking for Evelyn's sake so that as we 21 prepare for budget hearings, that that should be something that the District 22 23 could provide us information on. would be much appreciated, on what the 2.4 25 outcome of those meetings were.

Page 210 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. MS. LOCKE: Yes. 3 COUNCILWOMAN BASS: Thank you. 4 COUNCILWOMAN GYM: Just a 5 couple more really quick questions. 6 Could the District commit to doing an 7 inventory of its water fountain conditions now? I mean, you could reach 8 9 out to the principals and ask them to do that, even engage maybe students or 10 11 others to help a little bit about just 12 collection of an inventory just to get some clarity about what we're talking 13 14 about. 15 MS. BURNS: We can do an 16 inventory, but I'd have our building 17 engineer do the inventory. I think our 18 principals have so much that we try, when possible, to take on some of that for 19 20 them. So we would have our building 21 engineers do it. COUNCILWOMAN GYM: And is there 22 23 a way for school staff, students or other 2.4 stakeholders to report water concerns at 25 their schools?

Page 211 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. MS. BURNS: Well, Jerry, sure 3 you can, but from a District perspective --4 5 COUNCILWOMAN GYM: This is more 6 of a District question. Is there a 7 mechanism to do something like this? They can 8 MS. BURNS: Yes. 9 report through -- the process is to report through the principal, who then 10 11 would report to the building engineer 12 responsible at that building, and the building engineer should either fix and 13 14 provide for an estimated time of 15 remediation or if they needed -- if the 16 building engineer needs the assistance of a mechanic or a plumber, they should make 17 18 that request through our work order 19 system. 20 One of the things that we'll 21 have at the end of this year, beginning of next school year, our principals and 22 teachers will be able to see into our 23 work order system realtime in terms of 2.4 25 the outstanding work that we have in our

Page 212 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. buildings and the amount of time it will 3 take to fix those things outstanding. 4 COUNCILWOMAN GYM: And would 5 you consider any other more informal or 6 publicly available site that maybe students or others could report concerns 7 about their water fountain access or 8 9 functionality? I just want to say 10 MS. LOCKE: 11 that this is something that we can work 12 on with our subcommittee. It's just amazing the stakeholders who are 13 14 available to talk about this and come up 15 with innovative ideas. So, yes, we will 16 include that in our next Healthy Schools meeting, how to get students involved 17 18 with that. 19 COUNCILWOMAN GYM: And then one 20 other quick question. Mr. Roseman, did 21 you have any recommendations for the 22 District that you have not heard that you would recommend at all for us to -- for 23 the District or others to look at that 2.4 25 might improve the situation?

Page 213 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. MR. ROSEMAN: In terms of the lead in drinking water? 3 COUNCILWOMAN GYM: And water 4 5 access, I think. Both. 6 MR. ROSEMAN: Yeah. T think 7 that my focus with this is to try to determine what the situation is 8 9 district-wide, which I think is actually doable very quickly. We've had success 10 11 in doing this with roofing construction 12 and odors and exposures in buildings by using a cloud-based survey, for instance. 13 14 So I think students and educational staff tend to know what the actual condition of 15 16 the drinking outlets are. So we could 17 survey them, and we would know very, very quickly what the actual condition is of 18 those outlets. And then I would say we 19 20 verify that to make sure that we know of 21 the 12 outlets, only two of them are working or all 12 are working. 22 23 And then the big challenge is once we know that -- and this is where we 2.4 25 often have a problem -- is, what do we do

Page 214 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. to fix it and moving forward. I think that, as Fran was saying, it's a 3 challenge for principals. It's a 4 5 challenge for building engineers. 6 of times these can't be easily fixed in quite that way, but they are fixable. We 7 need to come up with more of a joint and 8 9 collaborative strategy for how to get them fixed in a timely way. I think 10 11 those three pieces have to be implemented 12 or we're not going to see real change. 13 COUNCILWOMAN GYM: Thank you 14 very much. 15 The Chair recognizes Councilman 16 Taubenberger. 17 COUNCILMAN TAUBENBERGER: Madam 18 Chair, thank you very much. 19 I have a comment actually and a 20 request. If you're going to do an 21 inventory, your building engineers, I think that's a sound idea. I would 22 23 actually like to come along for a couple of those inspections. You pick the 2.4 25 school, and there may be one or two that

Page 215 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. I pick the school and to see what the results were and to go with them, because 3 I believe me personally, any time I can 4 5 be in a school is a good thing. So I'd 6 like to participate in that to a limited degree on schedule, but I'd like to see it firsthand. 8 9 COUNCILWOMAN GYM: Thank you. 10 So thank you very much. And 11 just thank you so much, Ms. Locke, 12 Ms. Burns, and Mr. Roseman. I think what 13 we heard again was the importance of this 14 issue about safe, accessible drinking water access. I think we heard the 15 encouragement for you to test all 16 17 schools. I think it's time, and we can get a much more accurate accounting. We 18 definitely need this inventory of what is 19 20 happening across -- what's functioning, 21 what's not functioning, what's the state 22 of things, how we plan to remediate in 23 order to move forward with plans. 2.4 three, that I think I can speak for my 25 colleagues in saying that we really do

Page 216 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 want to see something move by September 2. and that we're going to be looking when 3 L&I makes its inspections and all its 4 5 reports that we really need to have this 6 issue be seriously addressed and see 7 something different in September for our young people when they come back in. 8 9 So I want to thank all three of you for your testimony. Thank you. 10 11 COUNCILMAN TAUBENBERGER: Thank 12 you. 13 COUNCILWOMAN GYM: We are going 14 to bring our next panel up, and that is 15 Tykirah Kelly, Natasha Patterson, Dwayne 16 Wharton. 17 (Witnesses approached witness 18 table.) 19 COUNCILWOMAN GYM: Good 20 afternoon and welcome. We have some of your testimony. If you've submitted your 21 22 testimony, please feel free to summarize 23 it or respond and push forward on the points that you have, given the testimony 2.4 25 you've heard, but we're certainly going

Page 217 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. to make your testimony publicly available as well. 3 4 So, Ms. Kelly, welcome to 5 Council. MS. KELLY: 6 My name is Tykirah 7 Kelly. I am a junior at Kensington CAPA, and I'm here representing Youth United 8 9 for Change and like all the students in the City of Philadelphia. My testimony 10 11 is mostly just a written-out speech that 12 I'm going to present to you. From what we all have seen from 13 14 the incident in Flint, Michigan, it is 15 clear to say that we all need to be aware of our water system. As this is true for 16 17 the entire state and city, we especially need to take caution with our schools. 18 It is a terrifying feeling to suspect the 19 20 water is dangerous in my city. As a 21 student, I don't know if the water at home or at school is safe. If I don't 22 23 have enough money to purchase water, do I just drink the water that I'm supplied 2.4 25 with and take the chance of getting sick?

Page 218 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. This is not to just emphasize awareness of high levels of lead, but to 3 any type of chemical contamination in our 4 5 water. It is very important to have a 6 concrete knowledge of about what we put in our bodies, because it is important to 7 be cautious of your surroundings and your 8 9 environment. We as students have the right 10 11 to go to school and not feel threatened. We also want to make sure no one in our 12 city feels threatened, especially 13 14 students who are left out of this 15 conversation. What we saw in Flint was young 16 17 people and their families drinking poisoned water without society having a 18 concrete knowledge of their water system. 19 20 Asking other students from different 21 schools of their water system gave me a 22 range of how much the District actually 23 cares about students in magnet schools versus high poverty high schools. 2.4 25 current sophomore from Edison High School

Page 219 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. tells me, When I first came to my school, I tried to drink from the fountain, and I 3 was quickly advised that it would not be 4 5 a good choice. Whether the water is 6 undrinkable or the fountain looks 7 infested, these are not suitable conditions for any child or young adult 8 9 to learn in. We need water to live. 10 It's 11 the most important substance that humans 12 Without it, we will all be dead. 13 Without access to water in schools, 14 students are forced to purchase water before school or even from their school 15 16 staff. This should not be the case 17 considering water is a basic necessity schools should automatically supply 18 19 students with. 20 What would be the steps to 21 changing all schools' water systems for 22 the better? According to Jerry Roseman, 23 who you met earlier, shockingly, four conditions contribute to students and 2.4 25 staff illnesses, absenteeism, damaged

Page 220 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. books, supplies/materials, and undercut 3 academic achievement. 4 Access to clean water in our 5 schools is as fundamental or more than 6 being able to sit in a classroom without 7 towels falling on our heads. However, District leaders have not made facility 8 9 improvement a priority or engaged the public in addressing this issue. 10 includes fixing entire school buildings 11 12 along with the water system. District is not seriously implementing 13 14 this policy, then what would be the fate 15 of our student body in a safe environment 16 to learn in? 17 Thank you. 18 COUNCILWOMAN GYM: Thank you very much, Ms. Kelly, and thank so much 19 20 to Youth United for Change for helping 21 lead a lot of this water justice issue, 22 and we'll be looking forward to speaking 23 more closely with you afterwards. 2.4 MS. KELLY: Okay. 25 COUNCILWOMAN GYM: Good

Page 221 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. afternoon. DR. PATTERSON: Good afternoon. My name is Natasha Patterson. I am a 5 member of the National Coalition of 100 6 Black Women, Pennsylvania Chapter, and I am one of the Chairs for the Health Committee. I am also a public health 8 9 professor. And I come to you today to reiterate some of the health impacts of 10 lead poisoning on our children. 11 12 According to the World Health 13 Organization, water is rarely an 14 important source of lead exposure except 15 when lead pipes are involved; for 16 instance, in old buildings, which are very common. And this is the case in 17 18 Philadelphia with the homes and the schools, many built before 1991, have 19 20 lead pipes and solder with lead in them. 2.1 I did want to stress, because it was mentioned earlier, about what is 22 an acceptable level of lead that would be 23 considered safe and water not being the 2.4 25 main source. If your house is old and

Page 222 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 you have a lead paint issue, then most 2. likely you're going to have a lead pipe 3 issue, because the same -- it's the same 4 5 source. Having an older home, you're 6 going to have lead in pretty much 7 everything, because that's what it was used for back in that time. So I did 8 9 want to stress that. Even low levels of lead in 10 11 children can lead to low IQ, learning 12 disabilities, and loss of hearing. Even in instances where the lead level is low 13 14 in drinking water, it can cause negative health outcomes if the water is 15 16 continuously consumed. So we're not drinking it just once or twice. 17 drinking this every day. We're washing 18 up in it. We're using it for cooking. 19 So it's a constant use and source that 20 21 people are using all day every day. So 22 if it's constantly consumed, then the 23 levels are going to be there. Of the children tested in 2014, 2.4 25 about 10 percent tested positive for lead

Page 223 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. above that 5 percent threshold level. This is about 3,600 children. And note 3 that not all children were tested. 4 African American children and those from 5 6 low-income areas are most at risk for 7 having these high lead levels. And one of the things that I 8 9 did also provide was a map of Philadelphia that I wanted to -- on the 10 11 third page of my testimony, the map shows 12 where the high lead levels are, and the zip codes that are affected are the 13 14 low-income area zip codes. The 19145 and 15 19148 is extremely high, 19132, 19121, 16 and 19131. So those are North 17 Philadelphia and South Philadelphia areas are extremely high. And then we get into 18 the Northwest section of the City, 19128, 19 20 19118, 19119, 150, and 144. So if you 21 can see how it overlaps with a lot of the other risks that this part of the City 22 face with low income and then there's low 23 homeownership. So a lot of times there's 2.4 25 no control over whether or not they can

Page 224 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 change out their piping and if they even 2. know that they are at risk. 3 So all of these things are 4 5 linked together as far as who is at risk, 6 who is going to be affected, and who is going to be able to pay the cost to make the changes necessary so that we are 8 9 preventing this instead of waiting until after people are sick and after they have 10 11 the high blood lead levels to do 12 something about it. And I just want to finish with 13 14 the same reason that the bill championed 15 by Councilwoman Blondell Reynolds Brown 16 to require landlords to provide 17 certificates stating that the property is lead free, and that is based on lead 18 paint, not the water, but this is the 19 20 same reason we're here today, and we want 21 to continue the efforts to protecting our 22 children from lead poisoning. COUNCILWOMAN GYM: Thank you so 23 2.4 Thank you especially for your 25 wonderful research. I know that was

Page 225 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. really enlightening for us. Thank you. 3 Good afternoon. 4 MR. WHARTON: Good afternoon. 5 My name is Dwayne Wharton. I'm the 6 Director of External Affairs with The Food Trust. Thank you for this opportunity to testify today. 8 9 I'm here to talk about the importance of having safe, appealing, 10 11 palatable, and accessible drinking water in all schools. As part of our 12 comprehensive approach at The Food Trust, 13 14 we work in every school to teach the 15 importance of nutrition and healthy 16 lifestyles. In partnership with the 17 School District of Philadelphia and the 18 Philadelphia Department of Health's Get Healthy Philly initiative, our HYPE, 19 which stands for a Healthy You, Positive 20 21 Energy, youth leadership program supports Student Wellness Councils in 22 23 approximately 60 middle and high schools, engaging young people in becoming leaders 2.4 25 for healthy change in their schools, in

Page 226 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. their home, and in their communities. We hold annual HYPE youth 3 leadership summits where students from 4 5 schools from across the region get 6 energized, connect with peers, develop leadership skills, and gain new ideas to bring back to their schools. 8 During this year's HYPE 9 leadership summit held at the School 10 11 District of Philadelphia headquarters in 12 November, students identified water consumption as one of the four areas they 13 14 wanted to focus on this year. And 15 through student discussion, it became 16 clear that many students felt they did 17 not have or perceive to have adequate access to safe and palatable water in 18 19 their schools. And I must add since the 20 21 summit, we've been contacted by several students themselves as well as teachers 22 23 and parents looking for ways to bring water to their schools. 2.4 25 As highlighted by the Center

Page 227 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. for Disease Control and Prevention, drinking water contributes to good 3 health, and because students typically 4 5 spend at least six hours at school each 6 day, schools are in a unique position to promote healthy dietary behaviors like drinking water. Ensuring that students 8 have access to safe and free drinking 9 water throughout the school environment 10 instills healthy habits by giving a 11 12 better alternative to sugar-sweetened beverages, which is helpful in reducing 13 14 and preventing obesity, helps to increase 15 students' overall hydration, may improve cognitive function and raise academic 16 17 performance, plays a role in preventing 18 dental cavities and kidney stones, and has a positive environmental impact as it 19 20 reduces the number of plastic bottles 21 that end up in landfills. So this issue of how to 22 23 increase student access to and the consumption of water has been a priority 2.4 25 for an ad hoc group that Francine from

Page 228 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. the School District mentioned earlier. It includes the Philadelphia Department 3 of Health, Philadelphia Water Department, 4 5 School District of Philadelphia, 6 Children's Hospital of Philadelphia, 7 Partnership for a Healthier America, Youth United for Change, The Food Trust 8 9 and others. This group has been convening regularly for the past few 10 11 months to discuss how to ensure there is safe, clean, and palatable drinking water 12 accessible throughout every school in 13 14 Philadelphia. 15 And I must add that Francine, 16 she mentioned the Healthy Schools 17 committee from the GreenFutures division. That's one element of it, but this group 18 is meeting separately. It's an 19 20 unofficial group. It has no power, not 21 even the power of recommendation and, 22 frankly, we do vary in our opinions about how to best address this issue. 23 So from The Food Trust's 2.4 25 perspective, we recommend that an overall

Page 229 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. assessment of policies and practices related to water access be performed, 3 period. This includes ensuring all 4 5 schools meet the existing federal 6 requirements to provide drinking water during breakfast and lunch meal periods. And I know technically that is being 8 9 fulfilled, but the equity issue, it doesn't look the same in all schools. 10 So 11 we want this to be a high-quality 12 offering at every school. We also want plumbing codes to 13 14 be enforced and identify a minimum of 15 water fountains. Councilwoman Gym 16 mentioned one per hundred students. 17 Local school wellness policies around water access, such as allowing students 18 to carry water bottles in school, is key. 19 20 In addition, given how water 21 pipes and plumbing fixtures in school 22 buildings can affect the quality, safety, 23 and perception of the drinking water in schools, The Food Trust recommends that 2.4 25 the Philadelphia Department of Health's

Page 230 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Lead in Drinking Water Project be revisited in an expansive and transparent 3 and reoccurring manner. This program 4 5 mandates the School District of 6 Philadelphia to test each receptacle outlet at every school, the remediation of plumbing components when lead levels 8 9 are elevated, and the final inspection and testing of facilities to ensure 10 11 corrective actions have been implemented. 12 Then this should be made public. Philadelphia is leading the way 13 14 in showing how to reverse our country's 15 troubling obesity trends. For the first 16 time in decades, the obesity rates amongst Philadelphia schoolchildren 17 decreased by 5 percent between 2006 and 18 2010. A comprehensive approach with the 19 20 addition of increasing water access and 2.1 the promotion of the consumption of water in schools will continue this momentum 22 23 and have a long-lasting health benefit for our children. We have an opportunity 2.4 25 in Philadelphia to continue to lead the

Page 231 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. way. We must ensure there is access to safe and quality drinking water in our 3 schools, and we must build trust and 4 confidence with our students and the 5 6 people in general. And what Ms. Fletcher 7 said earlier, it's about the people first. 8 9 Thank you. 10 COUNCILWOMAN GYM: Thank you 11 very much. 12 The Chair recognizes Councilwoman Bass. 13 14 COUNCILWOMAN BASS: Thank you 15 very much, Madam Chair. I wanted to thank all three of 16 17 you for your testimony, and I wanted to start with a question for Ms. Kelly and 18 just in your statement that you or your 19 friend were advised not to drink water 20 21 from Edison High School. And Edison, as I recall, is not new but newer in terms 22 23 of School District buildings. So I'm curious as to why that is. 2.4 25 MS. KELLY: I really don't know

Page 232 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. the reason why. I was just --COUNCILWOMAN BASS: I'm sorry. 3 I should have called forward the School 4 5 District representative. Because if 6 we're under the assumption that newer 7 buildings don't need to be tested or don't have the same issue, why are we 8 9 advising our young people in a relatively new building -- I think it's probably --10 11 I don't know how many years old now. MS. LOCKE: So I think that 12 13 there is definitely a culture of not 14 believing that our drinking water is safe. I think that the students don't 15 16 believe it's safe, and we need to work on 17 that. So I think at that particular 18 school it's a rumor. There's no reason scientifically or from our testing that 19 20 would indicate that that drinking water 21 at Edison High School should not be safe. 22 COUNCILWOMAN BASS: Has it been 23 tested? MS. LOCKE: I have to check. 2.4 25 think it's not because it was built after

Page 233 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. I have to check the data of that building. 3 COUNCILWOMAN BASS: We'll find 4 5 We'll find out. out. MS. LOCKE: I will find that 6 7 out. 8 COUNCILWOMAN BASS: All right. 9 Thank you. Also I just wanted to recognize 10 11 my Coalition sister, Ms. Patterson. 12 Thank you so much for your testimony and also for providing the list of what some 13 14 of the effects of exposure to lead can 15 provide. I think I have almost all of 16 these, and pretty much everybody else I 17 know does as well in terms of the effects on adults. You know, it's just 18 astounding that some of the things that 19 20 could be related to lead exposure here in 21 the City of Philadelphia. 22 So I want to thank you for 23 bringing that to our attention, because it really does break down -- I don't know 2.4 25 if everybody else has the chart or if it

Page 234 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. was on the screen, if it could be 3 provided some kind of way, but this is really important information to have so 4 5 that folks know exactly what it is that we're dealing with. 6 And I also wanted to take a second to acknowledge the Coalition 8 9 President, Robyn Younger, who is here. Robyn, I didn't know if you had 10 anything that you wanted to add, but --11 MS. YOUNG: Not at this time. 12 13 They submitted the testimony. 14 COUNCILWOMAN BASS: They 15 submitted testimony. Okay. Thank you. 16 And, finally, Dwayne Wharton, 17 thank you so much for all of the work that all do at The Food Trust. We go 18 way, way back, and you've always done a 19 20 great job in terms of making sure people 21 have access to not only good and healthy food and products, but the work on water 22 23 is equally as important. So I just wanted to thank you for all of your work. 2.4 25 So thanks so much, everyone.

Page 235 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. (Thank you.) 3 COUNCILWOMAN GYM: Yes. Thank 4 you again. 5 And, Dr. Patterson, I also 6 appreciated your comments, especially 7 because one of the things we were talking about with the Department of Health is 8 9 that if they're going in to inspect a facility where a child has been 10 identified as having high lead levels, if 11 12 they're not even bothering to check with lead exposure in water, it seems like 13 14 it's a missed opportunity, because as you 15 mentioned, that home is already needing 16 to undergo significant amounts of repairs and addressing it, and if we're going to 17 do it, might as well do it all the way 18 and not just modulate minimal or 19 minimizing certain levels. That's not 20 what I would consider to be --2.1 DR. PATTERSON: And that's all 22 23 short term. We want to do long-term 2.4 changes. So definitely. 25 COUNCILWOMAN GYM: Thank you

Page 236 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. very much. 3 Mr. Wharton, thank you again for your excellent recommendations. 4 5 We'll be looking forward to following up 6 with you on that. Thank you so much, Ms. Kelly. I appreciate it. 8 9 Thank you. Edison High School. 10 MS. LOCKE: 11 COUNCILWOMAN GYM: Yes. 12 MS. LOCKE: Just in response to your concerns about Edison High School, 13 14 that school was included in the Safe 15 Drinking Water Program and did pass all 16 of the tests. 17 COUNCILWOMAN GYM: Did pass? 18 MS. LOCKE: It did. 19 COUNCILWOMAN GYM: Just for the 20 record, though, the sign over here and 21 multiple signs that we had when we had our education town hall at Edison had 22 23 multiple signs of these red spray-painted things all came from Edison High School 2.4 25 and contributes to a sense that the water

Page 237 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. is just not safe, and it's certainly not 3 an environment that feels good when young people are looking at this. Whether or 4 5 not it meets the regulated requirements, 6 the signs themselves are sending a very 7 clear signal that the building is not being responsibly cared for. 8 9 MS. LOCKE: I understand. We'll work on that. 10 11 COUNCILWOMAN GYM: Thank you. 12 We're going to call our final panel up. Jennifer Eder and Marsha 13 14 Gerdes. Forgive my pronunciation. And 15 Logan Welde. 16 And if there's anybody else who 17 wishes to testify, if you could just let us know by coming over to the side here. 18 (Witnesses approached witness 19 20 table.) COUNCILWOMAN GYM: Hi. 21 Good 22 If you could just state your 23 name for the record and proceed with your 2.4 testimony. 25 MS. EDER: Hello. Sure. Мy

Page 238 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. name is Jennifer Eder and I'm the Chief Policy Officer at Policy Lab, which is a 3 Center of Emphasis within the Research 4 5 Institute at the Children's Hospital of 6 Philadelphia. Kevin Osterhoudt, who is the Medical Director of CHOP's Poison Control Center, couldn't be here today, 8 9 so I'm speaking on behalf of him. My name is Kevin Osterhoudt and 10 11 I am the Medical Director of the Poison 12 Control Center at the Children's Hospital of Philadelphia. First, I'd like to 13 14 thank the members of the joint Committees on Children and Youth and Public Health 15 and Human Services of the Council of the 16 17 City of Philadelphia for having this hearing on this important issue, and I'd 18 like to thank you for allowing me to 19 20 testify today. 21 The public health tragedy in 22 Flint, Michigan has drawn front-page 23 headlines and captured the nation's attention. Lead poisoning, however, has 2.4 25 been harming children for more than a

Page 239 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. century, and deteriorating lead house paint remains the greatest threat. This 3 has caused Pennsylvania to have some of 4 5 the highest rates of blood lead levels 6 among children in the nation. I take care of plenty of lead's victims. Most are poor and many are 8 9 minorities. Recently I spoke to the mother of a young child with anemia, 10 11 behavioral problems, and a blood lead 12 concentration higher than 50 micrograms per deciliter, more than 10 times what is 13 14 considered acceptable. The dust inside 15 the family's house and the soil outside are laden with lead. 16 This is not unusual in 17 Philadelphia or any other city with a lot 18 of old housing. Paint used on the 19 interiors and exteriors of homes 20 21 contained large concentrations of lead through 1950. 22 23 Lead was removed from house paint almost entirely by 1978. 2.4 25 also removed from U.S. gasoline.

Page 240 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. public health measures were important and 3 powerful. During the period from 1976 to 1980, 88 percent of preschool-age 4 5 children were found to have blood lead 6 concentrations greater than 10 micrograms per deciliter, but by 1994, less than 4 percent of children did. We've come a 8 9 long way. Still in 2011, an estimated 37 10 11 million U.S. housing units still 12 contained lead-based paint. And during the period from 2007 to 2010, 13 14 approximately 2.6 percent of preschoolers were found to have blood lead 15 16 concentrations greater than 5 micrograms 17 per deciliter, according to federal data. 18 The latest reports are that the 19 proportion of children with high lead levels in Flint has doubled to 4 percent 20 21 and reached 6 percent in certain neighborhoods. But let's compare this 22 23 with the longstanding environmental injustice across the United States. 2.4 25 Eight percent of Detroit preschoolers had

Page 241 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. high blood lead levels in 2013, according 3 to Michigan's Childhood Lead Poisoning Prevention Program. But there was little 4 5 outrage in the national media about the cognitive and behavioral harm inflicted 6 7 on them. In Philadelphia, more than 10 8 9 percent of children had high blood lead levels in 2014, according to state data, 10 11 and meanwhile 20 percent of children tested in Allentown and Altoona in the 12 same year had high blood lead levels. 13 14 Across America lead tends to 15 burden poor and minority families, who often lack the financial resources to 16 17 escape. Removal of lead from the environment and primary prevention of the 18 harms of lead poisoning are challenging 19 20 propositions requiring creative thought and serious investment. 2.1 Our current form of lead 22 23 surveillance, screening the blood of one-year-olds and then going back to 2.4 25 inspect the home, is misguided and puts

Page 242 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. us one step behind. We should be having homes inspected at the first prenatal 3 visit or upon move-in and eliminating the 4 5 hazards before in-utero exposure. Young 6 children should not be canaries. I would also like to leave you with some information about the value of 8 9 poison control centers. CHOP's Poison Control Center located in Philadelphia is 10 11 one of only two such centers in the 12 Commonwealth of Pennsylvania. It houses registered nurses and pharmacists who are 13 14 specially trained in toxicology to staff 15 a 24/7 emergency hotline at no charge to 16 callers. Funding for poison control 17 centers, however, have unfortunately been 18 victim to state and federal budget cuts 19 for years. We need to stabilize this 20 funding and make better use of this resource. A 2004 Institute of Medicine 2.1 report called poison control centers the 22 "2nd best investment the federal 23 government has made, second only to 2.4 25 vaccines" and a 2012 analysis found that

Page 243 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 they saved \$14 for every \$1 invested. 2. Yet at CHOP, federal funding for our 3 Poison Control Center has declined by 40 4 5 percent since 2011, and state funding has 6 also declined by more than 40 percent since 2007. 7 The Flint tragedy never should 8 9 have happened, and it merits careful examination. But let's not be complacent 10 about the most dangerous lead villain 11 12 lurking among us. Deteriorating paint and contaminated dust remain the greatest 13 14 lead threat to American children, 15 deserving at least as much notoriety and 16 concern as the water in Flint. Please consider CHOP and myself 17 as a resource to the City Council on the 18 issue of lead exposure in children. 19 20 Thank you for the opportunity 21 to testify. 22 COUNCILWOMAN GYM: Thank you 23 very much. That was extremely helpful. 2.4 Hi. How are you? 25 MS. GERDES: My name is Marsha

Page 244 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. Gerdes and I'm an early childhood psychologist at Children's Hospital of 3 Philadelphia. I work in the Neonatal 4 5 Follow-Up Program where I work with 6 high-risk graduates of our NICU, and I'm also the senior psychologist at Policy Lab where we focus on doing research that 8 9 is based in the community. First, I'd like to thank you 10 11 and the members of the joint Committee of Children and Youth and Public Health and 12 Human Services here at the Council of the 13 14 City of Philadelphia for just holding 15 these hearings and talking about these 16 important issues. 17 Over my career I've become 18 increasingly aware of the impact of lead and exposure to lead. This was first 19 20 with the important research that was done 21 by Dr. Don Schwarz, who, as you know, started as a pediatrician at CHOP, but 22 23 later was the Deputy Mayor for Health and Human Services here and Health 2.4 25 Commissioner. He and Jerilynn Radcliffe

Page 245 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. in 1998 published research that showed that treatment for lead exposure, even 3 after treatment for lead exposure 4 5 children continued to show deficits in cognitive skills as they enter school and 6 7 also presented with conduct problems and poor attention problems. 8 9 In my own practice of high-risk children, I see a number of children who 10 11 have survived pre-term birth, long stays in the NICU, infections, who show later 12 with cognitive delays and behavior 13 14 problem. Many of these children also have elevated lead levels and lead 15 16 poisoning. 17 The impact of lead on brain growth is significant. When that is 18 added to risk from poverty, from living 19 20 in stress, from being born prematurely, 21 we need to take it very seriously. 22 What's important to highlight 23 in lead poisoning is that it is an 2.4 unnecessary exposure and the impact is 25 additive. Those children need to be

Page 246 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. treated early on. 3 So what do we know about the 4 impact of lead exposure? One, we do know 5 it is the youngest children, those who 6 are drinking formula that is mixed with tainted water, those who are toddling on the floor or crawling on the floor and 8 9 inhaling lead from the dust. We know that in 2012, the CDC lowered their 10 11 reference level in terms of lead exposure 12 down to 5 micrograms per deciliter, and currently the going alert is 10 13 14 micrograms for the state. 15 Studies have consistently shown 16 that drops in intelligence scores are 17 existing, and these are decreases in 18 cognitive skills and problem-solving 19 skills. That lower intelligence levels decreases the chance of school success. 20 21 Findings demonstrate that children with lead poisoning show decreases of 4 to 6 22 23 IO points. In addition to those deficits 2.4 25 in cognitive skills, children show

Page 247 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. conduct problems that include poor focus, poor attention, and hyperactivity. And 3 this is true even in children with lower 4 5 blood levels. 6 What is very concerning is that 7 the lead-induced cognitive deficits are not reversible even after treatment and 8 9 after exposure to lead has been reduced. The negative impact actually increases 10 11 over time, which is why we see these 12 deficits playing out in middle school and at high school. 13 14 So we know prevention should be 15 the number one priority, and everyone has 16 been talking very eloquently about that today. Funding is needed to clean up 17 both water sources and homes. 18 practices of flushing and other remedies 19 like that need to be more well known. 20 21 Another important opportunity 22 to prevent lead poisoning is to occur at 23 the prenatal visits and at the time of birth. Simply by asking mothers about 2.4

where they are living and linking them to

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Page 248 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. those services that can reduce the lead in their home is a way to reduce exposure 3 from the beginning of life. 4 5 For those children who are already exposed, we have the following 6 recommendations. One is to continue that pattern of early identification through 8 9 pediatric and healthcare centers. This is already in place through EPSDT, early 10 11 periodic screening and diagnostic 12 treatment, and covered by Medicaid and through the Affordable Care Act. And the 13 14 screening typically takes place at 9 15 months through 24 months of age. Another recommendation is to 16 17 continue to monitor the development and behavior of young children. This can be 18 done in two ways. One, pediatricians 19 20 have the responsibility to conduct 21 standardized developmental and behavioral screening at 9, 18, and 24 months. 22 23 second vehicle for monitoring is through infant and toddler early intervention. 2.4 25 The state regulations in Pennsylvania

Page 249 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. indicate that any child with a lead level 3 poisoning of 10 micrograms is automatically eligible for monitoring 4 5 services. That means they'll keep in 6 touch with that family three to four 7 times a year and screen for the development of further delays. 8 9 Currently, this risk should be 10 changed to reflect the CDC's new report, 11 however, to any level that is above 5 since that has been decided to be a 12 13 danger. 14 The third recommendation is to 15 look and provide educational supports for 16 those children with high lead levels. These are absolutely crucial. 17 services would include Early Head Start, 18 Head Start, and high-quality child care. 19 20 Providing universal pre-K in Philadelphia 21 is probably the best evidence-based interventions that I can recommend. 22 23 child who has lead exposure should be considered a high priority for those 2.4 25 enrollment into those programs, even

Page 250 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. today. One way to improve that 4 connection is by finding some way to 5 share information more easily between healthcare providers and educational 6 systems, so the educational systems who can serve the children are more aware of 8 9 who has an elevated lead level. And the final recommendation 10 11 relates to the behavior problems that are 12 seen following light exposure. Early childhood mental health services for 13 14 young children with emerging conduct problems as well as those with 15 16 significant deficits are needed. 17 Philadelphia Community Behavioral Health, 18 CBH, does not currently have enough counselors and therapists who are trained 19 20 and experienced to work with children under the age of 5. CBH does not 2.1 22 currently have enough service programs to 23 support these children, nor do they have a funding mechanism to provide services 2.4 25 to children who have emerging conduct

Page 251 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. problems but have not yet received a 3 psychiatric diagnosis, which has an accompanying billing code. This is 4 5 crucial programming that needs more funding and more support. 6 Babies, toddlers, and preschoolers are our most vulnerable 8 9 citizens here in Philadelphia, and they're the ones most likely to be 10 11 exposed. It's our responsibility first 12 to prevent those exposures, both at home, in schools, and in child care centers, 13 14 but, secondly, we have a responsibility 15 to provide the educational supports 16 through Early Head Start, Head Start, 17 early childhood programs, and universal 18 pre-K and behavioral health supports for those children who have already been 19 20 exposed. 2.1 So I want to thank you again 22 for the opportunity to testify, and 23 please feel free to contact CHOP Policy Lab for a resource for information. 2.4 25 COUNCILWOMAN GYM: Thank you so

Page 252 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. much, Ms. Gerdes. We appreciate it. 3 Mr. Welde. 4 MR. WELDE: Good afternoon. 5 Thank you for holding this. My name is Logan Welde and I am a staff attorney at 6 the Clean Air Council. The Clean Air Council is a Philadelphia-based 8 9 environmental non-profit. And I'm actually here to tell you something very 10 11 quick and easy, and as my fellow witness 12 said, exposure to lead is something that's unnecessary. So what I'm about to 13 14 tell you is something that you -- a step 15 that you can take probably today to 16 reduce the amount of lead that goes into 17 homes and buildings in Philadelphia. 18 Clean Air Council has recently 19 filed a lawsuit against Pennsylvania, the 20 Department of Labor and Industry, for the 21 building codes adoption process in Pennsylvania. Right now Philadelphia and 22 23 Pennsylvania is out of compliance with the Safe Drinking Water Act for lead 2.4 25 exposure in the plumbing that we put into

Page 253 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. the buildings. In 2014, January 4, 2014, 3 that was the date that no plumbing was supposed to be put into the buildings --4 5 and you heard today a lot of people said 6 that it's not necessarily the water 7 that's coming through the pipe, it's the exposure to the stuff once it gets into 8 9 the house. So, for example, when you have a component like a faucet or solder 10 11 or something like that that you're 12 putting in, it was allowable before January 4th, 2014 to have 8 percent lead 13 14 content by weight. Now it's 0.25 15 percent. Pennsylvania and Philadelphia 16 does not enforce that. Labor and 17 Industry, which is the agency in 18 Pennsylvania that's supposed to enforce 19 that, did not update the building codes. Philadelphia does not enforce mandating 20 21 0.25 percent lead content in any supplies that are put into the building. You 22 23 could today call L&I and ask them, Where are you on the enforcement of 0.25 2.4

percent lead in the equipment.

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Page 254 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. COUNCILWOMAN GYM: Thank you. Thank you very much. And if you have any 3 additional testimony, Mr. Welde, that you 4 5 wanted to submit to us, we'd be happy to have that in writing as well. That's 6 7 helpful. Thank you very much. So I want to thank the patience 8 9 especially of our panel. Are there any questions? 10 11 The Chair recognizes Councilman 12 Taubenberger. 13 COUNCILMAN TAUBENBERGER: Very 14 brief comment is, one, thank you very 15 much for taking your time out of your 16 busy schedule to be here and give us this very valuable information. 17 18 Getting onto the point you had just said, are you talking about the 19 20 solder that is used? What equipment are you saying that is going into new 21 22 buildings right now that you say we're 23 out of compliance with? 2.4 MR. WELDE: So I actually have 25 a PDF which I can bring over to your

Page 255 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. office or I can send it to someone in 3 your office, and it shows examples of equipment. But valves. So are you 4 5 familiar with plumbing? 6 COUNCILMAN TAUBENBERGER: I was 7 a plumber's helper when I was a young I'm not going to say I'm an expert, 8 9 but I have a sense of what plumbing is 10 about. 11 MR. WELDE: You're more familiar than I am. 12 13 So when you turn on a faucet, 14 the valve, that can have -- up until 15 January 4th, 2014, that could -- you 16 could sell and install lead content of 8 17 percent. It's now 0.25 percent. So the solder that they use, it's now supposed 18 to be lead free, and lead free is 0.25 19 20 percent now, whereas it was 8 percent. In 1986 it changed, and not until 2014 21 did it change. 22 23 COUNCILMAN TAUBENBERGER: 2.4 the plumber purchases the solder, does 25 that say it on the label of the solder?

Page 256 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. MR. WELDE: It. would. COUNCILMAN TAUBENBERGER: 3 Tt. would, okay. The valve, the actual --4 are you talking about the insulation of 5 6 the valve or the valve itself? 7 MR. WELDE: Both. 8 COUNCILMAN TAUBENBERGER: 9 valves today unfortunately are not made in the United States, which is a sad 10 thing, but -- it's very sad, but does 11 that also say it on the valve? 12 13 MR. WELDE: It should, yes. 14 The tag should say "lead free" on it. 15 COUNCILMAN TAUBENBERGER: Okay. 16 What I would like to see -- because I 17 think you raise a very valid point and something we should do about now, if that 18 is actually accurate. If you could send 19 20 me a copy of the lawsuit. Anything else 21 you want to send to -- in fact, you may want to send it to the whole Committee. 22 23 And I on occasion do go to a hardware store. I'm going to take a look at those 2.4 25 valves and just see what they say.

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2	MR. WELDE: Okay.	
3	COUNCILMAN TAUBENBERGER: Thank	
4	you very much.	
5	COUNCILWOMAN GYM: Thank you so	
6	much.	
7	Thank you to our witnesses.	
8	Is there anyone else here who	
9		
	is here to testify on this resolution?	
10	You can come forward.	
11	(Witness approached witness	
12	table.)	
13	COUNCILWOMAN GYM: Thank you.	
14	If you can just state your name for the	
15	record and then proceed.	
16	MS. DeCER: Yes. My name is	
17	Beverly DeCer and I am with Fluoride Free	
18	Philadelphia. I thank you for the	
19	opportunity and thank you so much for	
20	this focus on water safety.	
21	I do agree completely with	
22	Mr. Wharton of The Food Trust that there	
23	should be a complete review of all	
24	policies so that we can decrease the	
25	toxicity in our water. And water	
i		

Page 258 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. fluoridation definitely has something to do with lead. 4 So under carefully controlled 5 conditions, silicofluorides, which is the 6 chemical, has significantly increased the lead level in the water, particularly when added in conjunction with 8 9 chloramines and chlorine. So an analysis of the CDC's national data on blood 10 11 levels found that children drinking water treated with silicofluorides are at 20 12 percent greater risk of exceeding the 13 14 estimated hazard threshold for lead in 15 blood. 16 So the main reason that we 17 should stop fluoridation is because of corrosiveness of the chemical. 18 Fluoride is extremely corrosive, and it increases 19 20 the leaching of lead from pipes. So the 21 water company must add zinc orthophosphate as an anti-corrosive 22 23 agent, but there is so little reason to add fluoride, so we wouldn't need to add 2.4 25 the zinc orthophosphate to control the

Page 259 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. corrosiveness. Another reason that the chemical should not be added to the water 4 5 is when we had a meeting with 6 Dr. Caroline Johnson, who testified earlier, in 2014 she states that the product comes from China, which is well 8 9 known for its very poor control and indeed there are many contaminants found 10 11 in the fluoride chemical. 12 So I have an independent chemical analysis that was from the 13 14 Bureau of Pottstown, because they 15 discontinued fluoridation in 2012, and 16 they have this analysis of their fluoride 17 chemical. So when I called the engineer who signed the report, she told me that 18 there was too much arsenic in this sample 19 20 to be added to some landfills, and that's 21 what happens to the fluoride chemical. 22 That's one of the purposes -- or one of the destinations of fluoride chemicals. 23 So in this sample, there were 2.4 25 8.1 milligrams per liter of arsenic.

Page 260 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. There was also another contaminant, lead, which was 5.5 milligrams per liter. 3 So there is very poor oversight 4 5 of the chemicals that are coming into the 6 water companies, and there is an NSF 60 7 certification, but it's very poor. So the chemical product itself is very toxic 8 9 and contaminated. But the fact the fluoride itself is a toxin, there is a 10 11 300-page report that the CDC has prepared 12 about the toxic properties of fluorene, and why we are adding it to our water and 13 14 saying that it's good for our teeth is an 15 archaic policy. In 2014, it was 16 classified as a neurodevelopmental 17 neurotoxin. So that means that once it affects an infant's brain, the 18 neurodevelopment cannot be improved, and 19 20 this was classified by Dr. Philippe 21 Grandjean of Harvard School of Public 22 Health and it was published in The 23 Lansing. So fluoride is also a 2.4 25 It's an endocrine disruptor, carcinogen.

Page 261 1 3/21/16 - CHILDREN/PUBLIC HEALTH - RES. 160089 2. which affects the thyroid in particular, 3 and fluoride was once used in Victorian times as a drug to treat thyroid. It's 4 5 also highly inflammatory. 6 And I'll just say in closing that the U.S. Public Health has no right 7 to determine a safe level of a toxin, 8 9 because individuals have very different genetic makeup and nutritional 10 vulnerabilities. And, in fact, the main 11 documented harm of fluoridation is dental 12 fluorosis, and there are definitely 13 14 racial disparities in dental fluorosis. 15 In a memorandum from the public health 16 system, they know that 58 percent of black adolescents have dental fluorosis 17 as compared to 36 percent whites. So 18 this is a highly documented harm that can 19 20 only happen from fluoride in the water. So it would be an excellent 2.1 22 idea to study this further, and I 23 appreciate your time and bringing up the lead issue. 2.4 25 Thank you so much.

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 2.
                   COUNCILWOMAN GYM: Thank you.
 3
         Thank you so much.
 4
                   COUNCILMAN TAUBENBERGER:
                                              Thank
 5
         you for your time.
 6
                   COUNCILWOMAN GYM: Thank you
 7
         for your patience and for your testimony.
                   Is there anyone else here who
 8
 9
         is to testify on this resolution?
10
                   (No response.)
11
                   COUNCILWOMAN GYM: Seeing no
12
         one else here to testify on the
         resolution, this concludes the business
13
14
         of the joint Committee on Children and
15
         Youth and Public Health. The public
16
         hearing on the resolution is recessed to
17
         the call of the Chair, and I would like
         to thank everyone very much for their
18
         attendance. Have a good day.
19
                   (Committees on Children and
20
         Youth and Public Health and Human
2.1
22
         Services concluded at 2:30 p.m.)
23
2.4
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 2.
                      CERTIFICATE
 3
              I HEREBY CERTIFY that the
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     proceedings, evidence and objections are
 5
     contained fully and accurately in the
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     stenographic notes taken by me upon the
     foregoing matter, and that this is a true and
 7
     correct transcript of same.
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14
     MICHELE L. MURPHY
15
     RPR-Notary Public
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     transcript does not apply to any reproduction
     of the same by any means, unless under the
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     direct control and/or supervision of the
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     certifying reporter.)
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